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An Occupational Therapy Program to Help Community Dwelling Seniors Age in Place

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AN OCCUPATIONAL THERAPY PROGRAM TO HELP COMMUNITY DWELLING
SENIORS AGE IN PLACE

by

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A Scholarly Project

Submitted to the Occupational Therapy Department

of the

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for the degree of

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This Scholarly Project Paper, submitted by Amy Lundberg, MOTS and Kayla Novacek, MOTS in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the faculty Advisor under whom the work has been done and hereby approved.

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May 3, 2010
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PERMISSION

Title An Occupational Therapy Program to Help Community Dwelling Seniors Age in Place

Department Occupational Therapy

Degree Master's of Occupational Therapy

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Signature Amy Lundberg Date 5-3-10

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ABSTRACT

Purpose: It is estimated that by 2030, one in five people in the United States will be 65 or older (US Census Bureau, 2008). An *aging in place* initiative has come to the forefront of healthcare to help seniors cope with the age related challenges, allowing seniors to experience productive aging in their own homes. The purpose of this scholarly project was to develop an occupation based *aging in place* wellness program for community dwelling elderly.

Methods: A literature review was conducted to identify the current challenges associated with aging. In addition, the literature review identified strengths and limitations of existing wellness programs that assist community dwelling elders to *age in place*.

Results: The occupational adaptation model was used to create the *aging in place* program which is designed to be implemented by an occupational therapist. This program includes session topics and outlines which may be modified by a skilled occupational therapist to meet needs of the group participants. This program also uses a multidisciplinary approach by inviting other disciplines to be educational guest speakers for various topics and to participate in a *wellness fair*. Evaluation tools to determine program effectiveness include: biometrics, balance assessment, wellness survey, and program satisfaction survey.

Conclusion: An *aging in place* program may allow community dwelling elders to continue aging safely in their home environment. It is recommended that this program be used in community based settings with grant funding.

CHAPTER I

INTRODUCTION

In the United States, an *aging in place* initiative has come to the forefront of healthcare to help seniors cope with age related challenges so they can experience productive aging in their own homes. The health and well-being of elders in the US is a national priority; wellness programming with a focus on prevention has potential to reduce overall healthcare costs (Scaffa & Bonder, 2009). It is estimated that by 2030, one in five people in the US will be 65 or older (US Census Bureau, 2008). As the elderly population grows, there is an increased need for occupational therapy services to help seniors age in place (Stevens-Ratchford & Diaz, 2003). The purpose of this scholarly project is to assist community dwelling elderly to *age in place*.

This *aging in place* program was developed for community dwelling elderly as literature indicated that they wanted to remain aging in their homes. Bayer and Harper (2000) reported that over 90% of those ages 65 and older reported they would prefer to remain in their homes as long as they are able. As the elderly age, decreases in occupational functioning may occur, which can significantly affect the ability for the elderly to safely continue aging in their homes. Therefore, it is important to address age related changes and factors that may impact an individual's ability to age in place.

This scholarly project includes a multidisciplinary approach to holistically provide educational information in group sessions to the *aging in place* program participants. Nunez, Armbruster, Phillips & Gale (2003) reported that collaboration of

disciplines in community settings may promote healthy behaviors, self care management, maintaining functional independence, and improving quality of life for aging individuals. The occupational therapist (OT) will be the *aging in place* program coordinator. An OT is skilled in assessing the interactions between the person, occupation, and environment (AOTA, 2008), which may assist seniors to age in place. OT has a distinct role in prevention and overall health and wellness.

Through this program, the OT will encourage individuals to engage in meaningful everyday occupations to improve their overall health and wellbeing (Law, 2002; AOTA, 2008). The program coordinator will be responsible to contact and arrange for other healthcare professionals to attend sessions. The OT will lead group sessions and be able to adapt the sessions as needed to meet the needs of the community dwelling elderly.

This scholarly project was developed with use of the occupational adaptation (OA) model (Schkade & Schultz, 1992). The OA model fits this population as the aging individuals have a *desire for mastery* to remain in their homes as they age. OA supports the use of occupation-based interventions while interacting with the environment, allowing individuals *to press for mastery*. This program will allow individuals to apply *adaptations* learned in the sessions into their everyday activities. OA was used to guide the development of the product to emphasize the value of using occupations and allowing individuals to choose wellness topics. Using OA will also promote community dwelling elders to remain in their current environments, thus decreasing the need for increased services or level of care.

The *Occupational Therapy Practice Framework* (AOTA, 2008) also guided the development of this scholarly project. This framework emphasizes that individuals

engage and participate in occupational activities. The *Occupational Therapy Practice Framework* encourages collaboration between the OT and the *aging in place* group participant. The *Occupational Therapy Practice Framework* along with OA emphasizes the importance of using occupation-based activities which were incorporated into the product.

This scholarly project describes an *aging in place* program for community dwelling elderly. The following chapters include the literature review, methodology, product, and summary. Chapter II describes the literature review which includes current research and literature regarding age related changes and current wellness programming. A description of the process and methodology used to guide the development of this *aging in place* program is located in Chapter III. Chapter IV introduces the product and includes the *aging in place* program session outlines and activity descriptions along with guidance on how to implement the program. A summary is provided in Chapter V along with recommendations to implement this *aging in place* program in a community setting.

CHAPTER II

REVIEW OF LITERATURE

“In almost every country, the proportion of people aged 60 years or older is growing faster than any other age group, as a result of both longer life expectancy and declining fertility rates” (World Health Organization [WHO], 2010, ¶ 1). With this growing population of elderly, society is faced with challenges about how to support elders’ functional capacity, health, social participation, and safety (WHO, 2010). In the United States, an *aging in place* initiative has come to the forefront of healthcare (Scaffa & Bonder, 2009) to help seniors cope with the challenges so they can experience productive aging in their own homes. The purpose of this literature review is to identify research that informs development of effective *aging in place* programming for this scholarly project.

To help address the challenges associated with aging, organizations are doing more health promotion and disease prevention. According to the WHO (2007), one of the current global priorities includes promoting healthy nutrition and physical activity to decrease the incidence of chronic diseases that affect people more as they age. In the United States, the Department of Health & Human Services (USDHHS) focuses on improving the health, safety, and well-being of the country. The USDHHS includes goals related to promoting preventative health care, economic independence and social well-being, encouraging the development of strong, healthy, and supportive communities, and

addressing the needs, strengths and abilities of vulnerable populations, which also includes the elderly population (USDHHS, 2007).

The health and well-being of elders in the US is a national priority and will continue to be in the future as there is an increase in the aging population (Scaffa & Bonder, 2009). There has been a paradigm shift across the US towards public health as disease prevention and health promotion are now recognized as essential portions of a health plan (American Occupational Therapy Association [AOTA] Board Task Force on Health and Wellness, 2006). Throughout the country there is a need to focus on health and wellness as evidenced by the nation's *Healthy People 2010* plan. *Healthy People 2010* is a nationwide health promotion and disease prevention plan that identifies several goals that specifically relate to elders (Scaffa & Bonder, 2009). The organization's overall goal is to increase one's health, quality and longevity of life through all ages (USDHHS, 2000). Two steps exist to reach this overall goal; the first is to increase the quality as well as the years of healthy life, which relates to the aging population. The second step is to eliminate health disparities among the US population. The nation's plan for *Healthy People 2020* is the new, revised plan designed to address health related issues for the next ten years. This new plan has proposed to include continued and improved goals related to older adults and healthy aging. In addition, state and federal agencies have increased resources to focus on health and wellness (AOTA Board Task Force on Health and Wellness, 2006) and the current Health Reform legislation is switching its focus to prevention of disease and disability (Office of Management and Budget, 2009). As the nation is increasing focus on the aspects of wellness, building effective *aging in place*

programs will help to promote health and wellness among the most rapidly growing population.

Within the US, the elderly population is significantly increasing, which is resulting in more individuals aging in the community. It is estimated that by 2030, one in five people in the United States will be 65 or older (US Census Bureau, 2008). As the elderly age, decreases in occupational functioning may occur, which can significantly affect the ability for the elderly to safely continue aging in their homes. The population of those aged 80 years and older is estimated to increase by 10.2 million within twenty years (US Census Bureau, 2008). Multiple challenges exist that are associated with aging. “Of Americans over 75 years of age, 20% have trouble seeing (even with corrective lenses); 15% are deaf or have trouble hearing; 44% have limited mobility; and 36% have 3 or more chronic conditions” (Alpert, 2007, p. 469). As people age, changes in physical function can result in a loss of independence requiring further services and additional care (Beswick et al., 2008). Chronic diseases are also common in this age group and consist of the following conditions in order of prevalence: arthritis, heart disease, hearing impairment, high blood pressure, orthopedic impairment, and cataracts (Scaffa & Bonder, 2009). Despite several medical conditions, elderly individuals can still maintain wellness, since having a sense of wellbeing is not the same thing as being in good health. According to Gallup (1999), wellness is an individual’s satisfaction with their life which includes their perception of their physical and psychological health along with their accomplishment and sense of fulfillment in chosen activities. Since wellness is a state unique to each individual, it can be attained by many elders, including those who have

those with chronic conditions of significant physical impairments (Scaffa & Bonder, 2009).

Several older adults are able to maintain functional ability into their older years, which can be attributed to several factors such as the environment and genetics (Scaffa & Bonder, 2009). However, an elderly individual has control of the majority of factors that affect overall good health and function ability (Scaffa & Bonder, 2009). Yuen, Gibson, Yau & Mitcham (2007), reported that the following are conditions are necessary to maintain independence: staying mentally and physically active, having healthy eating habits, and participating in social activities. Living a lifestyle with positive habits along with having a strong social support system, positive coping strategies, a feeling of spiritual fulfillment, and engaging in healthy and satisfying occupations all contribute to *successful aging* (Scaffa & Bonder, 2009). According to Rowe and Kahn (1998) successful aging includes three criteria: “avoidance of disease and disability, maintenance of cognitive and physical function, and sustained engagement in life” (p. 39). When viewing successful aging for elders with chronic disease, *care* is emphasized over *cure*. Effective and proactive care for chronic diseases is needed to avoid further adverse effects or complications. Medical treatment to prevent the disease from worsening would increase healthcare costs.

Older persons account for over one-third of health care dollars spent even though they make up just over 12 percent of the population (Centers for Disease Control [CDC] 2003). Wellness programming with a focus on prevention has the potential to reduce overall healthcare costs by decreasing or delaying the need for costly or high tech

interventions (Scaffa & Bonder, 2009). Older adults' quality of life is also enhanced by focusing on the prevention of problems before they occur (Scaffa & Bonder, 2009).

Community dwelling elderly take pride and value in *aging in place* (Yuen, Gibson, Yau & Mitcham, 2007). They prefer to perform independently in daily activities and retain control of making major decisions (Yuen, Gibson, Yau & Mitcham, 2007).

“American society seeks to support independence and quality of life for older persons for humanistic reasons and to minimize healthcare costs” (Horowitz, 2002, p. 1).

Maintaining independence for elders can be an actual or perceived state, which may include making adjustments or using compensatory strategies for age related changes in order to increase the ability to complete self cares and daily activities (Baker, 2005).

Over 90% of those ages 65 and older reported they would prefer to remain in their homes as long as they are able (Bayer & Harper, 2000). Long term care services provided in their home may help seniors age in place. According to Greenwald & Associates, Inc. (2003), older adults would rather receive services in order to remain in their home if they need assistance taking care of themselves. Many elderly are living with chronic conditions that impair functional ability, which may threaten their ability to age in place. According to the American Association for Retired Persons, 87% of people with disabilities age 50 and older want long-term care in their home (Kassner, et. al, 2008). Individuals with declining or changing cognitive and physical function and/or disability often use compensatory strategies in order to continue aging in their home environment (Baker, 2005). There is a need to determine if community dwelling elders are safe to remain living in their home environments and therefore safe to age in place.

Aging in place is a process in which resources, services, and support allow individuals to continue participating in their valued roles, routines, and relationships in order to continue living in their home environment successfully (Siebert, 2007). *Aging in place* is defined as “securing necessary support services in response to changing personal needs and allowing an individual to remain in their present residence.” (Age in Place, 2008, p. 1). Some elderly may choose to relocate due to demands of maintenance and household responsibilities or personal preferences (Tenenbaum, 2007).

The home is a place of socialization and provides individuals with community connections; therefore, *aging in place* is important for individuals to continue participating in life (Stevens-Ratchford & Diaz, 2003). Moving from home can cause a significant amount of stress for anyone. For an elderly individual, relocation contributes to isolation and depression, which may inhibit their ability to successfully age in place (Stevens-Ratchford & Diaz, 2003) in a community setting.

There are many factors central to wellness and successful aging that influence the ability for community dwelling individuals to age in place. Some factors that influence an elder’s wellness include: genetics, physical activity, nutritional habits, social participation and social support, occupational engagement, mental health, and spirituality (Rowe & Kahn, 1998).

In addition to the factors stated above, the environment can also influence elders’ ability to age in place. It is important that they are comfortable in their environment and are able to participate in community and home activities. Ollonqvist, Aaltonen, Karppi, Hinkka and Pontinen (2008) noted problems in the interaction between the individual and their environment, the *person-environment relationship*, with the aging population. Many

homes are not accessible for aging individuals who experience decline in functional mobility. Individuals who plan to maintain living in their homes as they age may require modifications to their home environment to ensure that they are able to successfully age in place (Yamkovenko, 2009).

Lifestyle is another factor that can influence the ability to age in place. According to Yuen, Gibson, Yau & Mitcham (2007), health, personal attributes, supportive and social networks, resources available, and finances influence the lifestyle of community dwelling elderly. Though disability and illness can affect one's lifestyle, individuals may still age successfully (Sarkisian, Hays & Mangione, 2002). Declines in activities of daily living (ADL) performance and cognitive functioning are two main factors that are measured when considering living arrangements (Miller & Weissert, 2000). The supportive services that an individual receives may not correlate with the actual needs and individual has for ADL performance (Ollonquvist, Aaltonen, Karppi, Hinkka & Pontinen, 2008). According to Yuen, Gibson, Yau & Mitcham (2007), community-dwelling elderly expressed concern about their dependence on others for care.

As the elderly population grows, there is an increased need for OT services to help seniors age in place (Stevens-Ratchford & Diaz, 2003). OT is the use of occupations or everyday activities and roles to promote overall health and wellness (AOTA, 2008). OT is skilled in assessing the interaction between the person, occupation, and environment (AOTA, 2008), which may assist seniors to age in place. Individuals engage in meaningful, everyday occupations to improve their overall health and wellbeing (Law, 2002; AOTA, 2008). As more individuals choose to age in place, there will be an increased demand for community based OT services (Stevens-Ratchford

& Diaz, 2003). By providing occupation-based interventions, there will be an increase in client centeredness, purpose, and meaning to the individual. According to Yuen, Gibson, Yau & Mitcham (2007), understanding how community-dwelling individuals maintain independence will assist OTs in the implementation and planning of appropriate services to better meet their needs. Jackson, Carlson, Mandel, Zemke, & Clark, (1998) emphasized that OTs can focus on benefits of occupation and contribute to preventative health care. As individuals age changes in vision, physical strength, balance, cognition, and performance in both ADLs and IADLs may be present.

Declining vision is one age related change elders may experience. The decline can often be noticed while observing the behavior of the individual. Common behavioral changes include: difficulty or inability to read the newspaper, having trouble locating items, difficulty reading in dim light or sitting close to the television (Stuen & Offner, 2000). According to Stuen & Offner (2000) the home environment needs to be safe for the individual who is experiencing visual changes. Interventions for individuals with visual changes or impairments may include: use of a magnifying glass, change in lighting, or even use of contrasting colors to easily identify objects.

Physical strength and balance are also changes that may occur with the aging process. Physical activity contributes to ability to participate in everyday occupations. The use of exercise to prevent and reduce falls has been found to be effective with aging individuals (Means, Rodell & O'Sullivan, 2005; Laforest, et al., 2009). Jolanki (2004) suggested that being active and motivated can influence the physical aspect of aging. In a study conducted by Menec (2003), results indicated that greater overall activity was correlated to higher levels of reported happiness, function, and reduced mortality.

Staying active, for example using exercise as an intervention, may assist in reducing the occurrence of falls among the community dwelling elderly. “Preventing falls and alleviating the fear of falling are cost effective interventions that promote the safety and wellbeing of older adults” (AOTA, 2006). Community dwelling elders expressed a shared fear of falls (Veloza & Peterson, 2001). Fall related injuries in the year 2000, for individuals age 65 and older, totaled more than 19 billion dollars (Stevens, Corso, Finkelstein & Miller, 2006). Stevens, Corso, Finkelstein & Miller (2006) found that injuries resulting from falls among older adults are significant economic expenses for individuals, society and the health care system. Fall related injuries may require more care, which would result in increased indirect costs from the fall. Providing education and resources may assist in the prevention of fall related injuries, therefore reducing both the risk of falls and the associated costs.

Injuries sustained from falls are a significant health concerns for community dwelling elders (Scott & Gallagher, 1999). As the aging population is rising, the issue of falls among elders residing in the community is becoming more concerning (Kelly et al., 2003). Falls among the elderly can be contributed to a variety of reasons and involve the interaction between both intrinsic and extrinsic factors. Intrinsic factors are those related to the individual which may include: decreased functional skills, weakness, neurological impairments, changes in cognitive functioning, vision, hearing, acute illness, low blood pressure, and medication use (Shumway-Cook, Baldwin, Polissar & Gruber, 1997; Mustard & Mayer, 1997). According to Blake (1992) each year, approximately one third of individuals age 65 older who live at home experience one or more falls. In addition 40% of hospital admissions among individuals over the age of 65 are reported to be fall

related (Shumway-Cook, Baldwin, Polissar & Gruber, 1997). Falls that do not result in injury may result in overall decrease in mobility, functioning, ADLs, and increased chances of disease (Hendrich, Nyhuis, Kippenbrock & Soja, 1995). Falls may limit a senior's ability to safely age in place.

Medical issues are more prevalent in seniors and affect their ability to age in place. According to Raehl, Bond, Woods, Patry & Sleeper (2002), the older adult population uses 35% of all the United States prescription drugs. An estimated 200,000 individuals die from medical related issues in the United States each year (Simonson & Feinberg, 2005). The aging population is at risk for medical related problems due to age related changes, increased number of prescription and non prescription use and the increase incidence of chronic conditions (Simonson & Feinberg, 2005). Metlay, et al. (2005), found approximately 33% of aging adults to report not receiving instructions for their medications and the instruction that was received appeared inadequate.

Medication side effects such as drowsiness, dizziness, and unsteadiness may often lead to an increased risk of falls among elderly individuals (National Prescribing Service Limited, 2006). Medication in the elderly population has received much attention as it is one significant risk factor that can be modified to decrease the risk of falls (Kelly et al., 2003). Approximately one out of five community dwelling elders uses psychotropic medications, with the majority being antianxiety and antidepressants medications (Aparasu, Mort & Brandt, 2003). Aparasu, Mort & Brandt (2003) also found that almost 25% community dwelling elders using psychotropic medications were taking two or more. Marital and living statuses were found to be associated with the use of antidepressants among the elderly. Findings show married elders are approximately four

times more likely to use these medications than unmarried individuals (Aparasu, Mort & Brandt, 2003). Kelly et al. (2003) found that taking medications from seven classes of medication were independent risk factors for predicting a fall related injury in the elderly population; these medication classes included: narcotics, anti-convulsants, anti-depressants, anti-psychotics, sedatives, anti-coagulants and anti-parkinsonian agent. In addition, Kelly et al. (2003) found that individuals taking narcotic, anti-convulsants and anti-depressant medications were significantly more likely to result in a fall related injury. Taking medications is often necessary for community dwelling elders and although there may be an increased risk of falls associated with medication, discontinuing these may not be possible for an individual (Kelly et al., 2003). Hennessy (2000) identifies the need for pharmacists and physicians to improve their instructions of medications. Educating elders on medication management techniques may be one method to help reduce the risk of falls and increase safety among community dwelling elders.

Another common age related change that occurs is in cognition. Njegovan, Man-Son-Hing, Mitchell & Molnar (2001) indicated that impairments and changes in cognitive function is an important healthcare concern among aging individuals. A decline in cognition and ADL functioning are correlated with institutionalization of the elderly population (Miller & Weissert, 2000). A study conducted by Marek, et al. (2005), found outcomes of participants in an *aging in place* program show a slowing in cognitive decline and depression as compared to a the group of nursing home residence. The positive results of the *aging in place* group may be attributed to its focus on maintaining independence in homemaking and personal care in their home environment. The elderly adults' ability to participate and perform IADLs may decrease with slowing and change

in cognitive function (Njegovan, Man-Son-Hing, Mitchell & Molnar, 2001). Slowing the progression of cognitive decline may postpone the need for increased care or services.

Another age related change that aging individuals may experience are chronic conditions and diseases. Currently, it is estimated that 80% of older adults have at least one chronic condition, and 50% have at least two (CDC, 2009). However, disease and disability do not prevent seniors from aging successfully (Sarkisian, Hays & Mangione, 2002). It is unlikely for older individuals to have absolute good health, however wellness does not require the absence of disease (Scaffa & Bonder, 2009). Covinsky, Hilton, Lindquist & Dudley (2006) believe that the functional limitations resulting from a condition will be a better predictor of the need for assistance with ADL completion than the condition alone. It is important to help individuals' age in place with their chronic conditions and maintain overall wellness.

Financial status may affect aspects of an aging individual's life. Financial means may influence the location of where elderly individuals chose to age in place. The national average cost of a semi-private room in a nursing home increased by 3.7% from 2008 to 2009 with the average annual cost of \$72,270 (MetLife Mature Market Institute, 2009). According to MetLife Mature Market Institute (2009) the average national cost for assisted living was \$37,572 annually in 2009. It is important to help aging individuals remain as independent as possible since the cost of care increases as the level of assistance required for individuals increases (Dishman, 2004).

The amount of personal support an elderly individual receives may not match their needs for performance in ADL and IADL tasks (Ollonquvist, Aaltonen, Karppi, Hinkka, & Pontinen 2008). Depending on others for assistance is a mutual concern

expressed among community dwelling elderly (Yuen, Gibson, Yau & Mitcham, 2007). According to Ollonqvist, Aaltonen, Karppi, Hinkka and Pontinen (2008) increasing age, living status, and difficulty completing ADLs are associated with the amount of assistance needed within their home environment. Aging individuals may be receiving formal or informal assistance or a combination to aid them in modified independence. Informal caregivers may consist of family members where formal caregivers have training in specific healthcare services. Determining the amount of assistance needed may depend on who the current caregiver is (Ollonqvist, Aaltonen, Karppi, Hinkka & Pontinen, 2008). Lau & Kirby (2009) found that elderly living with a spouse were more likely to seek and use preventative care than those living alone. Receiving appropriate services and assistance to meet an aging individual's needs may prolong the time they can remain living in their home (Ollonqvist, Aaltonen, Karppi, Hinkka & Pontinen, 2008).

To meet some of these needs described above, many programs have been developed to help seniors age in place. Some of these programs emphasize the use of a multidisciplinary approach. Nunez, Armbruster, Phillips & Gale (2003) reported that collaboration of disciplines in community settings may promote healthy behaviors, self care management, maintaining functional independence, and improving quality of life for aging individuals. Ehrlich (2006) reports that it is in the best interest of the aging individual for all of the disciplines to communicate effectively. The following disciplines in a multidisciplinary approach may include but are not limited to: physician, medical social work, nursing, physical, speech and occupational therapy (OT) (Ehrlich, 2006; Coppola et al., 2002).

A discipline that may contribute to successful aging in the community is nursing. Nursing can work with a multidisciplinary team to focus on three key factors for community dwelling individuals: nutrition, physical activity, and socialization (McReynolds & Rossen, 2004). A clinical nurse specialist (CNS) can use assessment tools to evaluate an individual's progress (McReynolds & Rossen, 2004). Nurse professionals may assess an elder's weight, neurological function, height, blood pressure (Robinson, Gordon, Wallentine, & Visio, 2002) cognition, glucose levels and heart rate. The nursing profession will contribute to the team to determine if additional interventions would be beneficial for a community dwelling elder.

A community dwelling elders' physician plays an important role in assessment and treatment to support overall health and wellness. One medical assessment, the Comprehensive Geriatric Assessment (CGA) addresses the medical and psychosocial factors that contribute to the functional decline in the aging population (Maly, Leake, Frank, DiMatteo, & Reuben, 2002; The American Geriatric Society, 2005). The CGA is initiated when a change in function is noticed by the physician. This assessment is completed by a variety of disciplines over multiple meetings to track an individual's progress. According to Simonson & Feinberg (2005), the responsibility to ensure medications appropriate to the condition and most effective for the patient is of the practitioner. Involving older adults in their medication management is important to reduce medication errors and side effects. According to Maly, Leake, Frank, DiMatteo & Reuben (2002), a predictor of a community dwelling elder's adherence to physician recommendations is based on the concordance between them.

Another area of expertise that can benefit community dwelling elders is nutrition. The profession of nutrition may provide interventions including “meal delivery, nutrition counseling, and nutrition support” (Fuhrman, 2009, p. 196). There are many factors, which could contribute to poor nutrition in the elderly population, some of which include: income, feelings of depression, and decreased mobility (Callen & Wells, 2005). It is estimated that 22% of the community dwelling elderly are getting the recommended amount of dairy according to the modified food pyramid for mature adults (Callen & Wells, 2005). Callen and Wells (2005), found that 15% of community dwelling elders were found to be underweight, 19% of elders were overweight and approximately 25% were considered to be obese. Women were predominately represented in the extreme ends of the scale as being underweight or obese, compared to the men (Callen & Wells, 2005). There is a need to address nutrition with the community dwelling adult population. Early identification of poor nutrition could produce cost effective interventions for this growing population (Callen & Wells, 2005).

According to Delaune & Ciolek (2007) physical therapy (PT) evaluations and interventions may help to modify aging musculoskeletal changes that occur during the aging process. PTs may address balance issues by using assessments such as the *functional reach test*, the “*Timed Up and Go*” test (Robinson, Gordon, Wallentine & Visio, 2002; Delaune & Ciolek, 2002) and *Berg Balance Scale* (Robinson, Gordon, Wallentine & Visio, 2002). A variety of exercise interventions that physical therapists may utilize to reduce the risk of falls includes: strengthening, flexibility, balance (Robinson, Gordon, Wallentine & Visio, 2002) and gait assessment (Delaune & Ciolek,

2007). According to Delaune & Ciolek (2007), resistance training and weight bearing interventions may help to prevent falls and therefore fall related injuries.

As more elderly individuals are choosing to age in their home environment, there is an increased need for OT services in the community (Stevens-Ratchford & Diaz, 2003). OT can help individuals to understand meaningful activity and how to choose and perform activities to maintain a satisfying and healthy lifestyle (Clark et al., 1997). OTs can modify and/or create environments that can facilitate occupational performance. In addition, wellness is considered one of the outcomes of OT interventions in the *Occupational Therapy Practice Framework* (AOTA, 2008). Health promotion and disability prevention are also identified in the *Occupational Therapy Practice Framework* as methods to facilitate health and well-being (Scaffa & Bonder, 2009). “One of the most effective ways to intervene with older adults is to focus on promotion of wellness, rather than remediation of dysfunction” (Scaffa & Bonder, 2009, p.451). Providing OT services in the form of wellness programming for community dwelling seniors may help these elders in achieving wellness and therefore increase their ability to age in place. Scaffa, Van Slyke, & Brownson (2008) identified that the American Occupational Therapy Association promotes OT involvement in health promotion and disease prevention in their provided services.

OTs are skilled to perform a variety of quick and thorough assessments for the elderly population. Some of these assessments that focus on health promotion include but are not limited to the following: Leisure Interest Profile for Seniors, Assessment of Motor and Process Skills, Kohlman Evaluation of Living Skills, Community Integration Questionnaire, Health-Related Quality of Life, Role Checklist, Home Observation &

Measurement of the Environment (HOME), Westmead Home Safety Assessment, Social Interaction Scale (SIS) and Spiritual Wellbeing Scale (Scaffa, Reitz & Pizzi, 2010). The skilled OT selects appropriate assessments based on the elderly individuals needs in order to provide client centered intervention (Scaffa, Reitz & Pizzi, 2010). The Leisure Interest Profile for Seniors, HOME and the SIS would be beneficial tools for OTs to utilize with community dwelling elderly to determine appropriate interventions to assist their ability to *age in place*.

One way OTs can provide intervention to allow individuals to continue *aging in place* is to aid in home modifications (Stark, Landbaum, Palmer, Somerville, & Morris, 2009). In a study by AARP, 90% of participants had made a minimum of one modification in their home (Bayer & Harper, 2000). Bayer and Harper (2000) reported that 67% of these participants feel that the modifications will allocate them to remain in their home longer than without the modifications; 75% of the participants thought that the modifications will allow them to remain in their home for ten or more years. According to AOTA (2006), OT combines the adaptations and modifications with goals of the elderly individual. In order to enhance home modifications for community dwelling elders, OTs can network with architects, builders, and contractors to establish referral sources or make recommendations (Morris, 2009; Yamkovenko, 2009). Another way OT provides intervention is to assist with the adaptation to age related changes (Stevens-Ratchford & Diaz, 2003). Changes in vision, cognition, balance, sensory, and support system available are some factors that can influence the decision regarding living arrangements. According to Jackson et al. (1998) those who received OT services performed better on physical health, social functioning, mental health and overall life

satisfaction. Clark et al. (1997) found that interventions carried out by professional therapist were more successful than interventions carried out by nonprofessionals.

For several years, OT practitioners have been urged to respond to changes in the health care system by adapting prevention models of practice on individuals' long term needs and building a healthy community (Baum & Law, 1997). There is limited information that exists specifically about OT wellness programs and their effectiveness. However, wellness programs for aging individuals do provide effective strategies to promote overall health and wellness.

This study by Jackson, Carlson, Mandel, Zemke, and Clark (1998) entitled, *The Well Elderly Study*, is one of the largest studies ever conducted in the field of OT (Mandel, Jackson, Zemke, Nelson, & Clark, 1999) . The purpose of the study was to determine effectiveness of the *Well Elderly Program*, which used the process called *occupational lifestyle redesign*. *Lifestyle redesign* promotes health and wellness through customized routine and meaningful activity (Jackson, Carlson, Mandel, Zemke, & Clark, 1998). Authors of the *Well Elderly Study* researched 361 participants over the age of 60 living in subsidized apartment complexes for independent seniors. Participants were randomly assigned to one of three groups for nine months: those who received OT directed prevention programming, those who received nonprofessional directed social activities programming, and those who did not receive any programming. The authors used a variety of outcome measures to assess health and well-being. The results indicated that participants who engaged in the occupation-based wellness programming had significantly better outcomes in health and wellness than both of the other groups.

This study provided empirical evidence to show how engagement in meaningful occupations supports health and wellness.

Participants in the OT group were provided with presentations, peer interactions, hands-on experience and personal exploration. The OT groups consisted of topics such as: occupation health and aging, transportation and occupation, finances and occupation, health through occupation (physical and mental activities), dining as an occupation, time and occupation, home and community safety, relationships and occupation, and outings and exploration (Jackson, Carlson, Mandel, Zemke, & Clark, 1998). In this program, elders generated a list of ways to stay healthy which included: socializing, having a support system, proper nutrition, exercising the mind, maintaining a positive attitude, and living moderately (Jackson, Carlson, Mandel, Zemke, & Clark, 1998). Jackson, Carlson, Mandel, Zemke, & Clark, (1998) reported that OT can contribute to preventative health care and allow individuals to age in place appropriately through occupation-based programming.

One limitation of *The Well Elderly Study* (Jackson, Carlson, Mandel, Zemke, & Clark, 1998) was the amount of contact time each participant in the treatment group received. While participants were provided with two hours per week of group-based intervention they were only provided one hour per month of individualized sessions with the therapist. It is presumed that wellness programming conducted over a series of group sessions and in combination with adequate amounts of individual consultation in the homes of the participants may be more beneficial to each community dwelling elder. Another limitation of *The Well Elderly Study OT Program* was the short length of the program, which occurred over a nine month period (Jackson, Carlson, Mandel, Zemke, &

Clark, 1998). A structured program over a greater length of time may be more beneficial for the participants. Heaney and Goetzel (1997) conducted a meta analysis that found wellness programming is most effective when conducted over one full year. Therefore a wellness program that has an increased length of time and increased number of group and individual sessions may enhance the educational experience.

The *Lifestyle Redesign* provides educational handouts and activities for implementation of a wellness program for elderly individuals. The educational materials can be modified to fit the needs of the group of the elderly individuals. The *Lifestyle Redesign* strives for elderly individuals to participate in occupation-based activities, use self-analysis and to create a tool kit to redesign their lives (Mandel, Jackson, Zemke, Nelson, & Clark, 1999).

Another wellness program for older adults conducted by Matuska, Giles-Heinz, Flinn, Neighbor & Bass-Haugen (2003) focused on teaching the importance of strategies to remove barriers that limit participation along with the importance of engaging in meaningful activities in order to increase quality of life. OTs and two OT Students (OTS) conducted 90 minute sessions each week over a six month period of time. Weekly topics included: transportation, aging, safety and falls prevention, stress, lifestyle balance, and communication (Matuaka, Giles-Heinz, Flinn, Neighbor & Bass-Haugen, 2003). Discussions regarding how the topics affect the ability to engage in occupations occurred during each session. Matuaka, Giles-Heinz, Flinn, Neighbor & Bass-Haugen (2003) reported that group discussions were highly rated by the participants and contributed to improved socialization. Participants were provided with assignments and encouraged to keep track of their energy levels, daily routines and stressful events (Matuska, Giles-

Heinz, Flinn, Neighbor & Bass-Haugen, 2003). One time per month the group attended a community outing to practice skills learned in the educational sessions. The SF-36 health survey was used to measure health related quality of life of the participants. Social functioning, vitality and mental health scores on the SF-36 were found to be rated significantly higher by participants who completed the program (Matuska, Giles-Heinz, Flinn, Neighbor & Bass-Haugen, 2003). Frequency measurements of social and community participation were also noted to increase with the participants. Results found that prevention aimed at sustaining or increasing opportunities to engage in meaningful social and community activities, may improve older adults' quality of life by increasing their self-perceived health and well-being (Matuska, Giles-Heinz, Flinn, Neighbor & Bass-Haugen, 2003).

Wellness programming should include education on prevention. According to Lau and Kirby (2009), preventative care needs to be a priority among the aging population. Preventative care can be completed in community based settings. It is important to consider living arrangements when designing and implementing a community based program for the aging population, in order to improve preventative care (Lau & Kirby, 2009). Education can be provided in a time and cost effective manner by utilizing group sessions. Clark et al. (1997) acknowledged that OT group education can also be highly individualized. According to Woodland and Hobson (2003) it is important to use a client-centered approach. Using motivating factors and daily occupations allow elderly individuals to maintain their independence (Yuen, Gibson, Yau & Mitcham, 2007). Programs should include education focusing on the importance of meaningful occupations and removal of personal barriers that may prevent participation in order to

improve quality of life (Matuska, Giles-Heinz, Flinn, Neighbor & Bass-Haugen, 2003). Improving self perceived quality of life in areas of health and wellbeing was shown to increase when individuals participated in meaningful social and community activities (Matuska, Giles-Heinz, Flinn, Neighbor & Bass-Haugen, 2003).

According to Stevens, Corso, Finkelstein & Miller (2006) research has been completed on falls prevention in which interventions were found to be successful; however implementation of these interventions is limited. Individuals have a tendency to overestimate their abilities to complete activities within their home environment (McKye, Naglie, Tierney & Jaglal, 2008). Woodland and Hobson (2003) emphasized the importance of incorporating follow up checks to ensure individual's safety and compliance with recommendations.

In summary, there is a need to assist community dwelling elders to age in place. Elders have reported that they would prefer to remain in their home environments as long as possible. OT services have been determined to be effective intervention for the elderly population to adapt to age related changes. A multidisciplinary approach has also been noted as an effective intervention when working with the aging population.

When considering all of the wellness programming activities the concept of adaptation arises frequently because of age related changes. For this reason the students of this scholarly project decided to incorporate the occupational adaptation (OA) model, which served to guide the development of this product (Schkade & Schultz, 1992). OA describes a process in which individuals strive to develop, enhance, and maintain competence in occupational functioning (Schkade & Schultz, 1992). This process that exists in individuals is the result of the overall effect of interactions between persons and

their occupational environments. These interactions are stimulated by the presence of an occupational challenge. When a person experiences an occupational challenge, they must respond through the person-systems, which consist of sensorimotor, cognitive, and psychosocial systems. If a person is able to successfully integrate the characteristics of an event into the person-systems this means they have experienced an adaptation.

Intervention based on OA has individuals identify roles and contexts that are important to them (*occupational environment/role*). Utilizing OA will allow the community dwelling seniors to choose what occupational areas and topic areas are meaningful to them along with which contexts they perform these roles in. Intervention using OA also involves *relative mastery* in which individuals evaluating their own progress of towards carrying out their roles. Incorporating *relative mastery* in intervention will assist community dwelling elderly in evaluating themselves and aid in their engagement throughout all the intervention sessions.

By using OA, a skilled OT can provide intervention that targets common occupational concerns with the elderly including decreased strength, endurance, and coordination. These concerns along with other concerns of the ability for themselves to participate in their chosen activities are targeted and are referred to *Occupational readiness*. *Occupational activity* is activities associated with a specific occupational role. For example, *occupational activity* may include activities associated with the occupational role of volunteering. Limitations that interfere with a senior's ability to complete chosen activities will be addressed in regards to ones person-systems (i.e. areas of sensorimotor, cognitive, and psychosocial) A skilled OT will address limitations to

prepare the elderly persons systems for *occupational readiness*, which will ultimately allow their engagement in *occupational activity*.

By using the OA model, this *aging in place* program will promote functional independence among community dwelling elders in all their chosen activities. In addition seniors can generalize these adaptations to other common activities in their everyday lives. Using OA will also promote community dwelling elders to remain in their current environments, thus decreasing the need for increased services or level of care. The following methodology chapter will describe how the literature was folded into the development of this scholarly project and how it guided the *aging in place* program.

CHAPTER III

METHODOLOGY

This process used to design this scholarly project's *aging in place* program began with the literature review. The literature review provided information about the process of aging and the effectiveness of other wellness program. This obtained information guided the program towards effective strategies to promote *aging in place*. The product that is in the following chapter includes a multidisciplinary *aging in place* program that offers wellness sessions. These sessions will be provided two times a week for a period of six months for the community dwelling elderly.

This *aging in place* program was created to be implemented by a skilled occupational therapist (OT). The OT will provide occupation-based activities which may assist community dwelling elderly to safely age in place. As the program coordinator, the OT will implement the sessions along with contacting other healthcare professionals to provide additional educational information to the community dwelling elderly. The skilled OT has the ability to make adaptations to the sessions in order to meet the needs of the community dwelling elderly participating in this *aging in place* program. This program was intended to be carried out in a community center in which seniors are comfortable and have available access. It is anticipated that this familiar environment will support a sense of safety and comfort among the participants.

This scholarly project addresses the goal of assisting community dwelling elderly to age in their homes. To meet this goal, it was important to use a multidisciplinary approach. Nunez, Armbruster, Phillips & Gale (2003) reported that collaboration of disciplines in community settings may promote healthy behaviors, self care management, maintaining functional independence, and improving quality of life for aging individuals. Another goal of the program was to provide a skilled OT with session outlines to implement this *aging in place* program. Session outlines provided in the product were designed to have a skilled OT adapt them as needed, in order to fit the needs of the program participants.

A literature review was conducted to guide this scholarly project's *aging in place* program. Articles were located through the following databases: CINAHL, PubMed and SCOPUS. Key words used in these searches included: Aging in place, elderly, age related changes, aging, occupational therapy, wellness program, nutrition, community dwelling elderly, and falls prevention. Specific journals that were utilized in this literature review were *American Journal of Occupational Therapy*, *Journal of American Geriatric Society*, *Journal of Gerontology*, *Canadian Journal of Occupational Therapy*, *American Journal of Physical Medicine & Rehabilitation*, and *Physical & Occupational Therapy in Geriatrics*. Government websites such as the *World Health Organization* and the *Center for Disease Control* were also utilized. After completion of the literature review, it was revealed that there is a need to assist community dwelling elderly *age in place*. Once the literature review was complete, a need for three main topic areas of *Physical Occupation-based Activity*, *Nutrition* and *Health & Wellness* were identified.

This *aging in place* program focuses on the health and well-being of elders in the US, which is a national priority; wellness programming with a focus on prevention has potential to reduce overall healthcare costs (Scaffa & Bonder, 2009). It is estimated that by 2030, one in five people in the US will be 65 or older (US Census Bureau, 2008). The rise in the elderly population in the U.S. supports the need for an *aging in place* program and as the elderly population grows, there is an increased need for occupational therapy services to help seniors age in place (Stevens-Ratchford & Diaz, 2003). Yuen, Gibson, Yau and Mitcham (2007) reported that community dwelling elderly take pride and value in *aging in place*, which will be encouraged within this program. Occupational therapy encourages individuals to engage in meaningful, everyday occupations to improve their overall health and wellbeing (Law, 2002; AOTA, 2008). This *aging in place* program allows participants to engage in activities that are meaningful to them in order to improve their functional independence.

The Well Elderly Study, is one of the largest studies ever conducted in the field of OT (Mandel, Jackson, Zemke, Nelson, & Clark, 1999). Students of this scholarly project reviewed this study to determine which wellness strategies were most effective. The idea of a utilizing a *wellness fair* emerged from *The Well Elderly Study* (Jackson, Carlson, Mandel, Zemke, & Clark, 1998). Strategies from the health fair in *The Well Elderly Study* were modified to fit this *aging in place* program in order to create a unique health promotion product. The *aging in place* program's *wellness fair* will occur on the first and last day of the program. The *wellness fair* will have a variety of healthcare professionals available to provide educational information along with their expertise to individuals. In addition, the *wellness fair* will provide quick screenings and recommendations for the

community dwelling elderly. These screenings will allow individuals to keep track of their own progress along with the ability to track the effectiveness of the program. The other disciplines will also be invited to lead program sessions chosen by the community dwelling elderly.

While considering all of the wellness programming activities, the concept of adaptation arises frequently because of age related changes. For this reason, the students of this scholarly project decided to incorporate the occupational adaptation (OA) model (Schkade & Schultz, 1992). OA allows individuals to choose what occupational areas and topics are meaningful to them. The *aging in place* program is designed so that the group of community dwelling elderly is able to choose what meaningful topic they want to address each week. OA emphasizes that individuals strive for *relative mastery* in occupational functioning (Schkade & Schultz, 1992). In this program, community dwelling elderly will be able to set personal goals and also measure their personal improvement from attending the *wellness fair*. A skilled OT will address individual challenges associated with aging while engaging them in occupational activities. OA was also used to create the session outlines for this program. The session outlines allow individuals to make adaptations during activities, which may encourage them to generalize adaptations into their home environments, see Figure 3.1 below. The figure uses OA to correlate with the session outlines, which include: occupational goals, warm-up, occupational activity, occupational adaptation and a discussion.

By using OA, this *aging in place* program will promote functional independence among community dwelling elders throughout the sessions they participate in. OA supports using occupation-based interventions and interaction with the environment,

allowing individuals to *press for mastery*. In addition, seniors can generalize learned adaptations from the sessions to other common activities in their everyday lives. Using OA will also promote community dwelling elders to remain in their current environments, thus decreasing the need for increased services or level of care.

Figure 3.1: OA Guide to Session Outlines



The *Occupational Therapy Practice Framework* (AOTA, 2008) also guided the development of this scholarly project. This framework emphasizes that individuals engage and participate in occupational activities. The *Occupational Therapy Practice Framework* encourages collaboration between the OT and the *aging in place* group participant. OTs assist with improving the overall health and wellness of individuals by engaging in occupation-based activities, which were implemented throughout this *aging in place* program.

It is important to track the effectiveness of this program in order to make appropriate adaptations to maximize the outcomes for community dwelling elderly. The effectiveness of this program can be assessed through a variety of evaluations tools. These evaluation tools include: *Attendance Record*, *Individual Consultation* forms, *Wellness Fair Screening* forms, *Wellness Fair Booth Visitation* forms, *Wellness Survey*, *Session Satisfaction Survey*, and *Program Satisfaction Survey*. These tools allowed for gathering data both objectively and from the individuals viewpoint, which allows for a more comprehensive evaluation of the program. There are opportunities for individuals to meet in groups and also have individual consultations in which their specific needs may be addressed on a 1:1 basis each week or as needed/requested by the individual.

In summary, the methodology for the development of this *aging in place* program was developed based on the need determined from the completed review of literature. This scholarly project was created using concepts from the OA model and is supported by the *Occupational Therapy Practice Framework* (AOTA, 2008) along with the research conducted which was provided in the literature review. The information gathered from reputable resources were reviewed, sorted and applied to the development of this *aging in place* program in order to meet the needs of the community dwelling elderly. The *aging in place* program was designed to be implemented by an OT to assist community dwelling elderly to safely age in place. The following chapter introduces the product and includes the *aging in place* program session outlines and activity descriptions.

CHAPTER IV

PRODUCT

The purpose of this product is to provide an *aging in place* occupation-based program for community dwelling elderly. It is a multidisciplinary program that is coordinated by an occupational therapist (OT). Professionals from other disciplines are invited to lead topics as indicated by their expertise. The *aging in place* program offers group sessions occurring two times a week and individual consultations occurring one time per week or more as needed over the course of six months (See Table 1 for example of monthly schedule). There are three main topic areas which include *Health & Wellness*, *Physical Occupation-based Activity*, and *Nutrition* which will occur during the group sessions. There will also be a *wellness fair* in which the community dwelling elderly are able to talk with a variety of healthcare professionals. The idea of the *wellness fair* was adapted from *The Well Elderly Study* (Jackson, Carlson, Mandel, Zemke, & Clark, 1998).

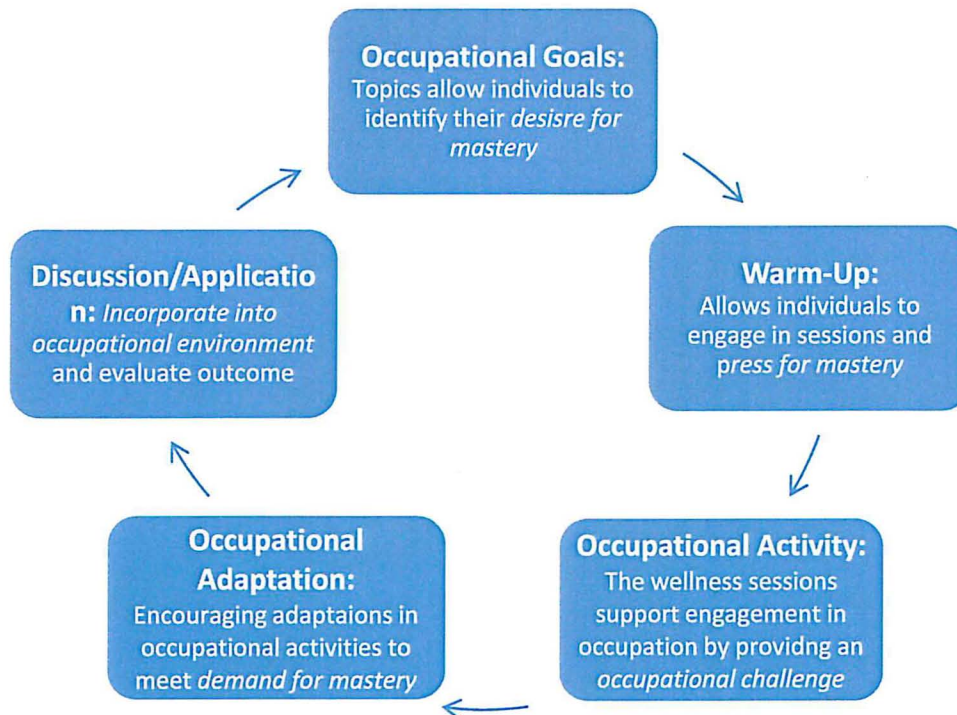
Table 1: Example of Monthly Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
*Wellness Fair		Health & Wellness		
Physical Occupation-based Activity		Health & Wellness		
Nutrition		Health & Wellness		
Physical Occupation-based Activity		Health & Wellness		

* *Wellness Fair* will occur on first and last day of *aging in place* program.

The occupational adaptation (OA) model was used to guide this product (Schkade & Schultz, 1992). It is important to make adaptations as an individual experiences age-related changes in order to continue performing daily activities. OA emphasizes the importance of participants choosing occupational areas and topics that are meaningful to them. While promoting overall health and wellness, this *aging in place* program allows the community elderly to choose topics that they feel would be most beneficial to them. Overall, the use of OA will promote functional independence among community dwelling elders through personal improvement and generalization of adaptations learned in program sessions. In addition, the students used OA to guide the structure of the session outlines which encourages the use of activity and discussion while allowing individuals to consider adaptations to each topic/activity.

Figure 4.1: OA Guide to Session Outlines



This product is organized into a *wellness fair*, three main topic areas and Evaluation of Program Effectiveness. The *wellness fair* will consist of a multidisciplinary approach in which the program coordinator will contact other healthcare professionals from the community to come and provide education and basic screenings to the *aging in place* program participants. During this time the healthcare professionals will set up booths or tables where they may provide educational handouts for the community dwelling elderly to take home with them. Healthcare professionals will provide free basic screenings to the elderly along with answering questions that the participants may have. This program will include the following disciplines: OT, speech therapy, physician, pharmacist, physical therapy, exercise physiologists, nutritionists and/ or dietician. Other disciplines may be added to the schedule based on the needs of the community-dwelling elders and availability of healthcare professionals.

- An OT will be the coordinator of the *aging in place* program. He/she will develop activities and contact the other disciplines to arrange when they will come to lead the group of aging individuals. The OT will be at all scheduled group sessions along with conducting individual consultations one time per week with each individual, or as needed. At the *wellness fair*, the OT may provide information regarding home and personal safety and basic vision screenings. The skilled OT may also refer individuals as needed/indicated. During this time the OT will provide the *Needs Assessment* to guide and plan the following sessions to meet the needs of the program participants.
- A speech therapist will be available at the *wellness fair*, in which they will provide their expertise to the community-dwelling elderly. They may provide swallow screenings along with answering questions from the participants. The speech

therapist will also attend approximately two groups throughout the programs length (these would be on the *Health & Wellness* topic days).

- A physician and pharmacist will be available at the *wellness fair* in which they will provide their expertise on their knowledge of medications and their side effects.
- A physical therapist will be available at the *wellness fair* in which they will provide their expertise and knowledge on basic balance and strength screenings. They will also be available approximately 6 times throughout the programs length (once per month). The physical therapist will attend the *Physical Occupation-based Activity* sessions when contacted by the program coordinator.
- A nutritionist or dietician will be available to attend the *wellness fair* in which they will provide their expertise and knowledge of nutrition for aging adults. They will also be available to attend 6 times throughout the programs length (approximately one time per month) on the scheduled *Nutrition* sessions.
- A registered nurse will be available at the *wellness fair* in which he/she will provide their expertise and knowledge approximately four times throughout the programs length. At the *wellness fair*, the nurse would check blood pressure, glucose, weight and height measurements.

Each topic includes session titles and outlines for the group leader to use. They are organized and color coded to help the leader easily locate each topic as needed. Following the session topics are handouts and worksheets to go along with the sessions as needed. The worksheets, handouts and activities may be adapted by the OT as needed to meet the specific needs of the group.

The first of the three main topic areas is *Health & Wellness*. The *Health & Wellness* sessions will occur one time per week (located on Wednesdays on the provided calendar). The OT will lead these sessions in which the topics are chosen by the community dwelling elderly. Other healthcare professionals may lead these topics if they pertain to their area of expertise and are contacted by the program coordinator.

The second of the three main topic areas is *Nutrition*. These sessions are intended to be implemented by the occupational therapist. A nutritionist/dietician may also lead the groups and answer nutrition related questions from the community dwelling elderly. These sessions will occur once every two weeks throughout the length of this program.

The third main topic area is *Physical Occupation-based Activity*. These sessions will occur once every two weeks throughout the length of this six month program. During these sessions it is important to emphasize that individuals are doing exercise throughout each day, for example carrying in groceries or even walking to get the mail. These sessions are intended to be led by an OT due to the importance and use of occupation-based activities. Physical therapists and/or exercise physiologists may also lead this group as needed.

This product also provides a section on program evaluation titled *Evaluating Program Effectiveness*, which is intended for the program coordinator. Included in this section is an *Attendance Record*, *Individual Consultation* forms, *Wellness Fair Screening* forms, *Wellness Fair Booth Visitation* forms, *Wellness Survey*, *Session Satisfaction Survey*, and *Program Satisfaction Survey*. The *Attendance Record* provides an area in which the OT can keep track of both group sessions and individual consultations. The *Individual Consultation* forms provide the OT with an outline including description,

assessment, and plan. These areas can help identify the elderly individual's needs and identify a plan to improve their overall health and wellness. The *Wellness Fair Screening* forms are intended to be printed onto carbon copy paper. This will allow the program participants to be provided with a handout including their results after the initial and final *wellness fair* while still having the original for the program coordinator to evaluate the effectiveness of the program. The *Wellness Fair Booth Visitation* form allows the program coordinator to identify which booths individuals visited the most or which they wanted to visit at both the initial and final *wellness fair* days. This form also can guide individuals to make sure that they visit each booth during the *wellness fair*. The *Session Satisfaction Survey* will be provided to *aging in place* participants after each session. This allows the group leader to determine what was beneficial and what the individuals would like more information about. The *Program Satisfaction Survey* will be provided to community dwelling individuals on the last day of the program (at the *wellness fair*) to find out what the individuals enjoyed overall and what areas could be improved. The program coordinator can use this feedback to improve the overall program for its implementation in the future.

In order for this *aging in place* program to be implemented, it is recommended that funding for this program be obtained through grants. The program coordinator will need to apply and receive approval for a grant prior to the start of this program.

An OT Program to Help Community Dwelling Seniors Age in Place



Amy Lundberg, MOTS, Kayla Novacek, MOTS
Advisor: Sclinda Janssen, MOT, OTR/L

Wellness Fair



To Do List for Program Coordinator

- Schedule *aging in place* program to determine the *wellness fair* date and time.
- Contact local healthcare professionals to be available at *wellness fair* 2-3 months prior of schedules program start date
 - Request that they bring educational handouts for community dwelling elderly to bring home with them
 - May provide basic screenings
 - Make follow-up call one week prior to *wellness fair* as a reminder and to make sure they are still available to attend
- Set up tables for each healthcare discipline and check-in table
 - Make signs to make it easier for participants to locate each booth
 - Have a *wellness fair Check-in Sheet* available at the front table
- Prepare your own booth for the *wellness fair*
- Provide folders or bags for each participant to place their gathered educational materials in
- Prepare copies of the following and have available at the *wellness fair*
 - *Aging in place program schedule* (calendars)
 - *Wellness Fair Screening* forms
 - *Wellness Fair Booth Visitation* forms
 - *Wellness Survey*
 - *Needs Assessment*
- Distribute *Needs Assessment* and collect at the end of the *wellness fair*. This will help to guide and plan the sessions to meet the needs of the program participants.

Wellness Fair Check-In

1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

Session Calendar

First Month

Monday	Tuesday	Wednesday	Thursday	Friday
*Wellness Fair		Health & Wellness		
Physical Occupation-based Activity		Health & Wellness		
Nutrition		Health & Wellness		
Physical Occupation-based Activity		Health & Wellness		

Middle Months

Monday	Tuesday	Wednesday	Thursday	Friday
Nutrition		Health & Wellness		
Physical Occupation-based Activity		Health & Wellness		
Nutrition		Health & Wellness		
Physical Occupation-based Activity		Health & Wellness		

Last Month

Monday	Tuesday	Wednesday	Thursday	Friday
Nutrition		Health & Wellness		
Physical Occupation-based Activity		Health & Wellness		
Nutrition		Health & Wellness		
Physical Occupation-based Activity		*Wellness Fair		

Needs Assessment

Please circle any of the items below that you feel would like to learn more about. These may be included in our *Health & Wellness* topic sessions.

Vision/Visual Tools

Sleep

Socialization

Safety

Stress Management

Memory

Leisure Activities

Managing Medications

Self-Care

Physical Activity

Feel free to add idea(s) if it is not on this form:



Health & Wellness



Session Outline: Vision/Visual Tools

Occupational Goals

- Group participants will be able to identify visual age related changes.
- Participants will be able to identify how age related vision changes can impact personal safety.
- Group participants will identify at least one visual adaptation they could use in daily activities.

Warm-Up

- Pass out magnifying glass and ask group "when would this beneficial to use?"
- Have you noticed any changes in your vision?

Occupational Activity

- Completing light cooking task as a group
- Provide directions on large index cards along with ingredients to each small group (2-4 individuals)*
- Allow a variety of text sizes on the index cards and magnifying glasses for individuals to find what works best for them*
- Individuals may work in small groups to complete specific task of the recipe.*

Occupational Adaptation

- How would you complete the cooking activity if you are experiencing difficulty reading small print?
 - Use magnifying glasses, enlarged text recipes*
- How would you complete a cooking task if you had difficulty seeing different objects that are near one another?
 - Providing contrasting colors (plates and food), change lighting*

Discussion/ Application

- What tips were helpful while you were cooking or eating?
- When else could you use these adaptations? (ie. Magnifying glass while reading)

Session Outline: Socialization: Paired Interview

Occupational Goals

- Each participant will identify a place where they socialize with others
- Group participants will discuss the importance of socialization
- Individuals will participate in the **Paired Interview** activity

Warm-Up

- Social Warm-up Activity**
 - Cut out words and let small groups (4-5 individuals) randomly choose and discuss the topics*
- Identify importance of socializing with others
- How you feel during and after a social event with others
- What are appropriate conversation topics?

Occupational Activity

- Paired Interview** activity

Occupational Adaptation

- If you had an impairment which affected your ability to verbally communicate with others, how could you communicate with others?
 - Hand gestures, written communication, facial expression*
- How could you introduce yourself to another if you were in a large group?
 - Stepping aside from group*
 - Remember not to share personal information*

Discussion/ Application

- What are two new things you learned about the individual you interviewed?
- How comfortable were you while socializing with others?
- How could these questions be used when meeting new individuals?

Social Warm-Up Activity

Weather	Family	Vacation
Music	Manners	History
Crafts	School	Pet Peeves
Lakes	Relaxation	Heritage
Movies	TV Show	Food
Work	Nature	Physical Activity
First Vehicle	Nutrition	_____
_____	_____	_____

Paired Interview

Ask another individual the following questions and fill in their responses. Feel free to ask additional questions after you complete these. You will have approximately 20 minutes to complete this form.

Name: _____

1. What are three words that describe you: _____
2. What is something you do well: _____
3. What is your favorite way to relax: _____
4. Who is someone you admire: _____
5. What is your favorite thing to do in your free time:

6. What is your favorite healthy snack: _____
7. What are you grateful for: _____
8. What is your favorite season? _____
Why?: _____

Choose a couple things that you learned and feel are important to know about your partner. We will share these with the group shortly.

Session Outline: Socialization: Life Stories Game

Occupational Goals

- Group participants will participate in Life Stories board game
- Each participant will respond to peer's shared experience at least one time during the session.

Warm-Up

- While using a swimming noodle, allow each individual to use their creativity to represent an object or action with the prop.
- ie. Holding noodle like playing a flute, or bench pressing*

Occupational Activity

- Life Stories board game (see instructions included in game)
- Based on group size, may want to divide into two groups*

Occupational Adaptation

- How could you participate in this activity if you had difficulty with your vision?
 - Use magnifying glass*
 - Asking others to read the cards for you, still allowing you to answer the question/card*
- How could you participate in this social activity if you did not have the board game?
 - ie. play 20 questions*

Discussion/ Application

- How will you remember this session?
 - Fun, awkward, silly*
- What did you enjoy about the Life Stories board game?

Session Outline: Stress Management: Budgeting

Occupational Goals

- Each participant will identify at least one way they currently save money
- Each participant will identify one adaptation that could assist them with monthly budgeting

Warm-Up

- **Ways to Save** worksheet activity
 - *Discussion: share budgeting ideas with others, when and where are discounts available?*
- What are the difficulties that are commonly experienced with budgeting?

Occupational Activity

- **Monthly Budgeting Worksheet**
 - *Complete individually as some may put personal information on it*
 - *Provide individuals with extra worksheets if they would like to continue budgeting beyond this month*

Occupational Adaptation

- What tools could you use to help you with your monthly budgeting?
 - *ie. calendars, budgeting worksheets, receipt holders*

Discussion/ Application

- What new strategies did you learn that will help you budget your finances?
- How could you use any of the budgeting worksheets provided?

Monthly Budgeting Worksheet

Month: _____ Year: _____

Area of Cost	Cost per Month	Any extra information you want to provide
--------------	----------------	---

Home

Rent	\$	
Utilities	\$	
Phone	\$	
TV/Cable	\$	
	\$	
	\$	

Daily Living

Groceries	\$	
Dining Out	\$	
Social Events	\$	
Entertainment	\$	
	\$	
	\$	

Transportation

Gas/Fuel	\$	
Insurance	\$	
Repairs	\$	
Public Transportation	\$	
	\$	
	\$	

Area of Cost	Cost per Month	Any extra information you want to provide
--------------	----------------	---

Personal

Clothing	\$	
Salon/Barber	\$	
Books/newspapers	\$	
Health Insurance	\$	
Medications	\$	
	\$	
	\$	
	\$	



Ways to Save

There are a variety of different ways to save money. Try to come up with ten different ways in which you can save money. We will share these in approximately 20 minutes so that you can get ideas from others in the group.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Session Outline: Stress Management: Stress Balls

Occupational Goals

- Each participant will identify one thing that causes them stress.
- Group participants will make a stress ball.
- Each individual will participate in the stress management activity and report one benefit they experience

Warm-Up

- Deep Breathing** exercises on handout
- What is stress?
 - Good and bad stress
- What causes you stress?
- What do you experience when you are stressed?

Occupational Activity

- Tools to decrease stress (see **Making Stress Balls** for instructions)
- Supplies: balloons, funnel, flour, popcorn kernels*

Occupational Adaptation

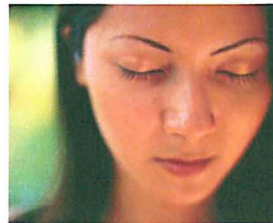
- If you are having difficulty making the stress balls what can you do?
 - Work in pairs*
 - Ask others to help you with difficult parts of the task*

Discussion/ Application

- How did this activity affect/benefit you?
- In what situations would your stress ball be beneficial for you to use?

Deep breathing

- One recommended suggestion for any person who is feeling anxious or upset is deep breathing.
- Deep breathing can quickly lower anxiety, fear, or anger



- Simple technique:
 - **BREATH IN** through your nose with your mouth lightly closed for **4 COUNTS**
 - **HOLD** your breath gently **2 COUNTS**
 - **BLOW OUT** through your mouth **8 COUNTS**
- For additional benefits, make deep breathing a daily practice
- Take 10 deep breaths, as described above, each morning, afternoon and evening

Benefits of regular deep breathing:

- Increased energy and endurance
- Enhance concentration
- Helps manage pain



Making Stress Balls

Tools to Decrease Stress

It may be helpful to work in pairs to make these stress balls.

1. Take one balloon
2. Stretch the balloon a little by pulling your hands apart while holding the balloon
3. Use a funnel and place in the opening of the balloon
4. Add flour and/or popcorn kernels to your liking
5. Tie the end of the balloon

Session Outline: Stress Management: Creative Painting

Occupational Goals

- Each participant will identify a situation which causes them stress
- Individuals will participate in creative painting activity

Warm-Up

- Charades:** Using self expression
- Participating in activities often helps to distract your mind from what is causing you stress.*

Occupational Activity

- Creative Painting
- Handout paper to each individual and allow them to paint how they are currently feeling or their current mood. Individuals may also want to create a painting that makes them smile or relax by looking at it, to use later when they feel stressed.*

Occupational Adaptation

- If you had arthritis in your hands and it was difficult to grasp a paintbrush how could you participate in an art activity?
- Use larger paint brush handles or use thick markers*

Discussion/ Application

- How did you feel during this activity?
- How could you use this activity when you are feeling overwhelmed?

Charades

Cut the following words/phrases apart and allow individuals to randomly choose them. Blanks are provided for individuals to come up with their own word/phrases to act out.

Swimming	Football	Golf
Love	Reading	Fishing
Dancing	Playing Cards	Baking
Talking with a friend	Taking pictures	Watching TV
Bowling	Gardening	Exercising
Putting together a puzzle	Cleaning	Knitting
_____	_____	_____

Session Outline: Stress Management: Spa/Relaxation

Occupational Goals

- Group participants will identify how they felt while listening to different types of music
- Individuals will participate in an activity they find relaxing

Warm-Up

- Play different types of music (ie. Loud, rock, jazz, soft)
 - How did you feel listening to the loud music?*
 - How did you feel listening to the soft jazz music?*
- How could music affect your mood?
- Relaxation/Stress Management** and **A to Z Coping with Stress** handouts

Occupational Activity

- Spa Day/Relaxing activities
 - Allowing the relaxing music to play in the background*
 - Provide foot soaks, lotion, individuals may bring books to read, crossword puzzles, ect.*

Occupational Adaptation

- If you were feeling overwhelmed while waiting at a doctor's office for an appointment, what could you do to calm yourself?
 - Take a few deep breaths*
 - Count to 10*
 - Massage your hands*
 - Read a book or magazine*

Discussion/ Application

- How did you feel during this activity?
- What did you learn that you could use at home to help you relax?
- What did you find relaxing and what did you find stressful?

Relaxation /Stress management

How to cope with stress:

- Stress is a factor of everyday life. It can be associated with both happy and unhappy events (i.e. weddings vs. housing difficulties)
- Too much stress can cause lead to headaches, high blood pressure, heart disease and other health problems. Many illnesses are stress related. **Not all stress is bad**, but the key is managing your stress.
- The way we perceive and react to stress is often more significant than the amount we face.
- The accumulation of minor hassles can be just as stressful as a major life crisis
- There is no need for anyone to suffer from the kind of stress overload that result in health problems.
- There are many practical ways to avoid, reduce, or relieve stress.



A to Z Coping with Stress

A	Acceptance Asking for help	N	Nurturing myself, Network with a support group Nature appreciation
B	Belong to a group Begin to reach out to others	O	Open to new ideas One step at a time
C	Creatively express self Communicate effectively	P	Patience Problem-solving
D	Deep breathing Drawing	Q	Quiet time Quality relationships
E	Emotional awareness Eating healthy	R	Recreation Relaxation
F	Forgiving Focus on what's important to you	S	Supporting myself Sleep well
G	Giving and receiving in relationships Goal setting	T	Time management Trusting me instincts
H	Humor Honesty	U	Upbeat attitude Understanding myself
I	Imagery, inner strength Identifying emotions	V	Visualization Volunteering to share
J	Journal keeping Jogging, joining in on social activities	W	Walking Writing letters
K	Kindness to myself Keeping in touch with friends	X	Exercise, expand my friendships Express myself
L	Leisure Limit setting	Y	Young-at-heart attitude Yearly check-ups
M	Meditation, motivating myself Managing my money	Z	Zestful living Zealous (enthusiastic)

Session Outline: Leisure Activities: Gardening

Occupational Goals

- Participants will identify at least one activity that they enjoy doing inside.
- Indiviudals will participate in gardening activity.

Warm-Up

- Preparing garden fresh green beans and pea pods
- Snapping ends off of the green beans and opening pea pods and emptying into container*
- May be prepared for participants to eat as a snack*

Occupational Activity

- Gardening Indoor
- Provide small pots, seeds, soil, spoon/small shovels

Occupational Adaptation

- If you liked to garden, but have difficulty grasping the handles of tools how could you still participate in this activity?
- Built up handles on tools*
- If you did not have the space for an outdoor garden at your home how could you still participate in this activity?
- Other adaptations while gardening: stools, kneeling pads, extended handle tools, gardening box on wheels*

Discussion/ Application

- What did you enjoy about this activity?
- How could you use some of the adaptations we discussed earlier into other leisure activities you enjoy?
- ie. Built up handle could be added to a golf club*

Session Outline: Leisure Activities: Bingo

Occupational Goals

- Each individual will identify at least two leisure activities.
- Individuals will participate in Bingo activity.

Warm-Up

- Pass out **Leisure Word Search**
- Name two leisure activities that you can do inside on a rainy day.

Occupational Activity

- Bingo or **Leisure Bingo**
- Leisure Bingo: When number is called, individuals will answer question before covering the box. Depending on number of participants and time remaining in session, may allow two individuals to respond for each number called.*

Occupational Adaptation

- If you had difficulty hearing the number caller how could you still get the information you need?
- Using both visual and auditory ways to announce numbers (On white board or large pieces of paper)*

Discussion/ Application

- What did you enjoy about this leisure activity?
- What are other leisure activities that you can participate in as a group?

Leisure Word Search

SWIMMING
MUSIC
CRAFTS
BOWLING
WALKING
COOKING
JOURNALING

BINGO
CARDS
GARDENING
VOULNTEERING
READING
TELEVISION
NEWSPAPER

SHOPPING
EXERCISING
TRAVELING
FISHING
QUILTING
DANCING
PUZZLES

D	A	N	C	I	N	G	M	U	S	I	C	R
U	A	G	L	T	R	A	V	E	L	I	N	G
G	A	R	D	E	N	I	N	G	R	R	N	N
S	N	O	N	L	G	N	I	S	H	I	F	I
G	N	I	R	E	E	T	N	U	L	O	V	M
N	R	A	S	V	W	G	N	A	E	P	O	M
I	E	B	D	I	C	S	N	L	R	U	G	I
P	A	O	R	S	C	R	P	I	O	Z	N	W
P	D	W	A	I	U	R	A	A	K	Z	I	S
O	I	L	C	O	I	E	E	F	P	L	B	E
H	N	I	J	N	N	W	S	X	T	E	A	Q
S	G	N	I	T	L	I	U	Q	E	S	R	W
T	N	G	N	I	K	O	O	C	N	E	O	L

Leisure Word Search Answer Key

SWIMMING

MUSIC

CRAFTS

BOWLING

WALKING

COOKING

JOURNALING

BINGO

CARDS

GARDENING

VOULNTEERING

READING

TELEVISION

NEWSPAPER

SHOPPING

EXERCISING

TRAVELING

FISHING

QUILTING

DANCING

PUZZLES

D	A	N	C	I	N	G	M	U	S	I	C	R
U	A	G	L	T	R	A	V	E	L	I	N	G
G	A	R	D	E	N	I	N	G	R	R	N	N
S	N	O	N	L	G	N	I	S	H	I	F	I
G	N	I	R	E	E	T	N	U	L	O	V	M
N	R	A	S	V	W	G	N	A	E	P	O	M
I	E	B	D	I	C	S	N	L	R	U	G	I
P	A	O	R	S	C	R	P	I	O	Z	N	W
P	D	W	A	I	U	R	A	A	K	Z	I	S
O	I	L	C	O	I	E	E	F	P	L	B	E
H	N	I	J	N	N	W	S	X	T	E	A	Q
S	G	N	I	T	L	I	U	Q	E	S	R	W
T	N	G	N	I	K	O	O	C	N	E	O	L

Leisure Bingo

B 1-10	I 11-20	N 21-30	G 31-40	O 41-50
Name one activity you can do inside	What do you enjoy reading?	What activity did you enjoy as a child?	What is your favorite TV show?	Do you like to spend time alone/ with others?
What activity can you do alone?	What sport do you like to watch on TV?	How often do you engage in leisure?	Name one activity you can do outside	Who do you enjoy spending time with?
Name one activity that is relaxing	What is your favorite movie?	Free Space	Where would you like to visit?	Name one activity you do with others
Where can you go to participate in activities?	What can you do on a rainy day?	What board game do you enjoy?	What new activity do you want to try?	What do you enjoy doing in the winter?
What do you enjoy doing in the summer?	What do you enjoy cooking or baking?	Name one benefit to leisure activities	How do you get physical exercise?	What craft have you enjoyed making?

Session Outline: Leisure: Decorating Picture Frames

Occupational Goals

- Each participant will share a picture with the group
- Each individual will participate in this leisure activity of decorating a picture frame

Warm-Up

- Each person brings in one picture that they value
- They may describe the picture to the group or share a special memory from the picture*

Occupational Activity

- Decorating Picture frames
- Provide: wooden frames, glue, magazines, beads, foam cut outs, stamps, markers, glitter, stickers, wood paint, scissors, ect.*

Occupational Adaptation

- How could you participate in this activity if you did not have a photo to place in the frame?
- Draw or paint a picture, locate a picture in magazines*
- What could you participate if you could only use one of your hands to complete this task?
- Ask others for assistance, place frame on non-skid surface, ect.*

Discussion/ Application

- What other activities could you participate in at home that are enjoyable or meaningful to you?
- What did you think of this activity today?

Session Outline: Leisure: Greeting Cards

Occupational Goals

- Each participant will create at least one greeting card
- Each individual will socialize with others in group

Warm-Up

- **Positive Affirmations**
 - *Each individual may create or use a positive affirmation from the handout. They may share their affirmation and how it makes them feel/why they chose it.*

Occupational Activity

- Making greeting cards for yourself or to give to others
- Supplies: card stock, stamps, markers, pens, pencils, ink pads, glitter, ect.

Occupational Adaptation

- If you did not have stamps or card stock, how else could you make a card?
- If you did not feel that you were creative, how else could you show your appreciation to others?
 - ie. phone call

Discussion/ Application

- It is fun to make something that can be used at another time. What else would be fun to make that you may use yourself or give away as a gift?

Positive Affirmations

I learn from my mistakes

When I believe in myself, so do others

I choose to exercise regularly

I express my needs and feelings

I am at peace

Life is filled with joy and delightful surprises

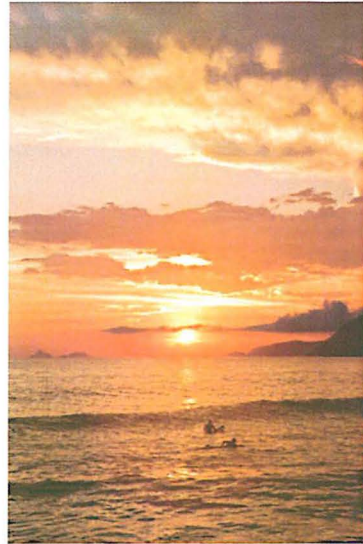
Today I choose to be happy

It is OKAY for me to be me

This too shall pass

I am strong

I can start healthy habits



Session Outline: Leisure: Volunteer Opportunities

Occupational Goals

- Individuals will participate in the volunteer opportunity.
- Each individual will identify what they enjoy doing in their free time

Warm-Up

- Discussion
 - *Are you ever looking for something to do?*
 - *When do you have free time?*
 - *What types of volunteer opportunities have you been involved with?*

Occupational Activity

- **Volunteering**
 - *Community outing in which the group participants volunteer 30 minutes to a local organization.*

Occupational Adaptation

- If you became fatigued while volunteering, how can you still participate?
- *Choose to sit down instead of standing, taking frequent rest breaks, ect.*

Discussion/ Application

- How did you feel after volunteering?
- How could you volunteer your time in the future?

Volunteering

At least two weeks prior to this session, contact local organization to request for the group of community dwelling elderly to volunteer for approximately 30 minutes.

Identify the environment of the volunteer site. Recognize the variety of tasks that will be completed by the community dwelling elders and identify any limitations that are present.

Consider transportation for all individuals to get to and from volunteering site as a group, such as city bus.

Examples volunteering opportunities includes, but not limited to the following: local food shelves, boys and girls clubs, local fundraising events (ie. Serving food) or even cleaning along community sidewalks.

Session Outline: Self-Care

Occupational Goals

- Group participants will identify at least one way that they currently take care/pamper themselves.
- Each individual will participate in activities that make them feel good.

Warm-Up

- Pass out small individual bottles of hand sanitizers for group participants to use and keep.
- Why is it important to take care of ourselves?
 - Motivating*
 - Keeping yourself healthy*

Occupational Activity

- Self-Care Collage**
- What was similar and different between the created collages by group participants?

Occupational Adaptation

- If you were having difficulty locating items for self-care activities how else could you still participate in this activity?
- Draw or write in self care items*

Discussion/ Application

- Why is it important to take care of yourself?

Self Care Collage

Look through the provided magazines and choose pictures that represent “taking care of oneself”.

These items may include:

- Deodorant
- Hand-washing
- Shaving
- Shampoo
- Nutrition
- Lotion
- Finger nail clippers
- Chap stick
- Sunscreen
- Toothpaste



Arrange the pictures to create a collage that represents what “taking care of oneself” means to you. Feel free to share your collage with others around you.



Session Outline: Sleep

Occupational Goals

- Each group participant will identify how they would describe the quality of sleep they are currently getting.
- Individuals will participate in relaxation exercise activity

Warm-Up

- How would you describe your sleep last night?
 - *Undisturbed, refreshing, light, number of hours, ect.*
- Can you think of any ways that you could have improved your sleep?
- **Ways to Improve Sleep** handout

Occupational Activity

- Using **Relaxation Exercise**
 - Handout provided for session leader
 - Playing soft music in the background, ask individuals to think of a place that they feel calm and comfortable.
 - After completion, how do you feel?

Occupational Adaptation

- In a stressful situation, if you did not have enough time to use the relaxation exercise, what else could you do to help you relax?
 - Deep breathing, progressive muscle relaxation, ect.

Discussion/ Application

- What do you think you could do to improve your sleep?
- When could you use the relaxation exercise?

Ways to Improve Sleep

Relaxation Techniques: yoga, meditation, Tai Chi, walking, exercise

Things to do during the day:

- Consume less caffeine
- Avoid alcohol and nicotine, especially close to bedtime
- Exercise
- Avoid late afternoon naps
- Keep a journal of your sleeping habits so you can inform your doctor

Things to do at night:

- Use the bed for sleeping only
- Establish a regular routine (ie. 9:00pm go to bed, wake up around 7:00am)
- Avoid eating or drinking close to bedtime
- Create a healthy sleep environment (dark and comfortable)
- Avoid noises (turn off TV)
- Relax by reading, listening to music or taking a bath before bed

Relaxation Exercise

During this time focus on relaxing thoughts and images. Make sure that you are seated comfortably and are focused on relaxation while following the directions I say to you.

Stare straight ahead of you while taking a deep breath in through your nose and out through your mouth. Try to breathe in to the count of four, hold for the count of four, and exhale for the count of eight. Continue to complete a few more deep breaths on your own.

Now close your eyes and breathe in to the count of four, hold for the count of four and exhale to the count of eight.

Focus now on your toes, let them completely relax. Allow the relaxation to follow up your legs, moving through your heels and calves. Let the warm feeling move up to your thighs. Feel your whole body relax. Let this feeling of relaxation move very slowly through your buttocks, lower abdomen and into your lower back. Now let that feeling continue moving up your spine and through your abdomen. Allow the warmth to flow into your shoulders, elbows and wrists, out through your hands and fingers. Now let the relaxation go slowly through your throat and up your neck. Relax your face, jaw, cheeks, and muscles surrounding your eyes. Now your body should be relaxed and comfortable.

Imagine walking down a long wooden path leading to a beach. It is almost deserted and the beach stretches as far as you can see. The sand is very light and fine, almost white in color. You then step onto the sand with your bare feet; it feels so nice as you walk along the beach shore. The warmth of the sun above allows you to feel relaxed. The roaring sound of the waves is so soothing that you allow your mind to be free of all other thoughts. You are watching the waves rolling in, and slowly going back out to sea.

The ocean is a beautiful shade of light blue, a shade that is so relaxing to look at. You look past the waves of the ocean at the horizon, and see a beautiful setting sun. You see a small sailboat skimming on the surface of the water. All of these beautiful sites allow you to relax even more. You continue walking down the beach and begin to take in the fresh outdoor smell; you take a nice deep breath in, and out. You are feeling even more refreshed and relaxed.

You see in the distance two birds flying gracefully above you, imagine how you would feel if you had the freedom to fly. You find yourself in a deeper state of relaxation as you continue your walk along the beach shore. You are feeling content and relaxed at the beach on this beautiful day.

Up ahead on the beach shore you see a comfortable looking chair. You sit back in the chair, you begin to feel a deeper sense of relaxation yet. Take a couple more deep breaths in and out. You may slowly open your eyes when you feel ready.

Session Outline: Safety: Home Environment

Occupational Goals

- Group participants will be able to identify potential hazards in scenario situations.
- Participants will identify one way they could make their home environment more safe.

Warm-Up

- Look at **Home Hazards** pictures
- Identify potential hazards*

Occupational Activity

- Home Maze Scenarios**
- Group participants are able to walk through the scenarios as a group and identify potential hazards*
- Group participants are able to make adaptations to the identified hazards*

Occupational Adaptation

- If you were unable to move heavy furniture in your home to safely arrange the environment, what could you do?
- ie. Call furniture store, ask friend/neighbor, call local non-profit organizations*

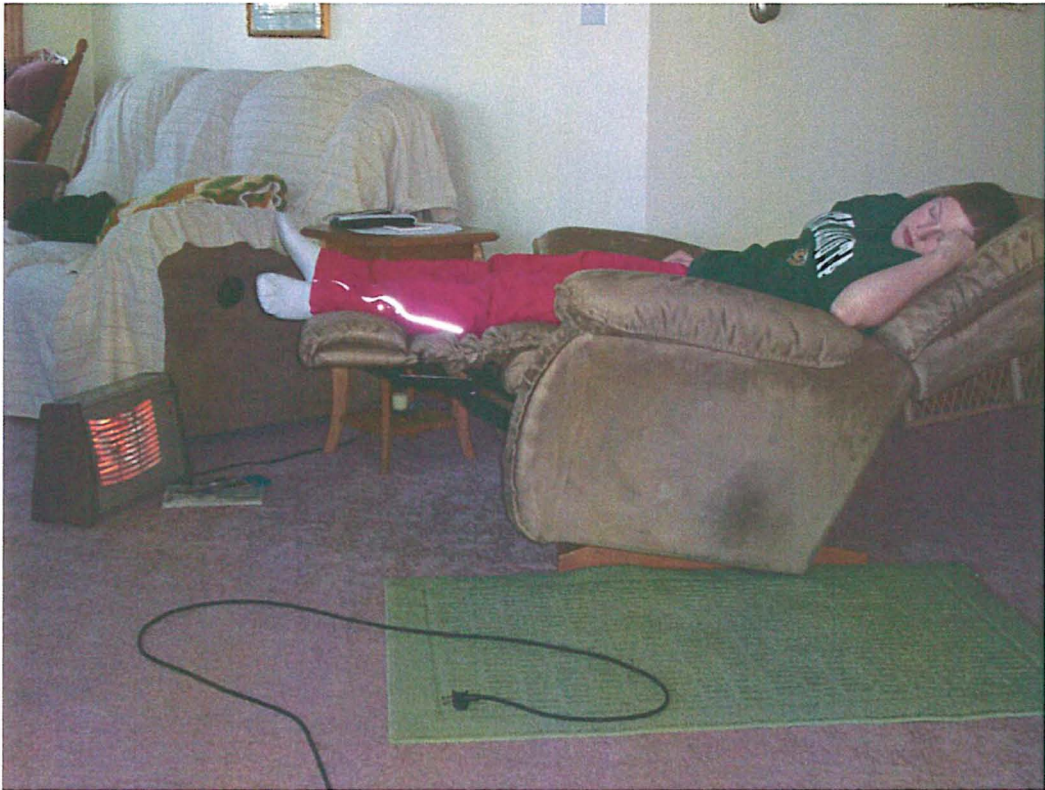
Discussion/ Application

- How could you use the information from this session to make your home environment more safe?
- What about this session is beneficial to you?

Home Hazards

Look at the following pictures and identify what (if any) hazards are present.



















Home Maze Scenarios

Using hazards from the *Home Hazards* photos set up similar situations throughout this community environment. Allow individuals to use the information that they learned from the photos into a real-life situation. Bring the group up to the different areas and ask: "Do you see any potential hazards or dangers here?"

Once individuals identify the hazard, allow the group to come up with suggestions of ways to remove the hazardous situation from the environment. For example they may say "wrap up the vacuum cord" or someone may actually wrap it up.

Inform participants of any hazards that they did not mention along with an explanation of why it is a hazard.

Session Outline: Safety: Community Resources

Occupational Goals

- Group participants will identify local community resources that they use.
- Individuals will participate in community resource activities.

Warm-Up

- Place phonebooks on each of the tables
- *Read through **Community Scenarios** and also provide the handout to each of the community dwelling elderly*

Occupational Activity

- Create a **Community Resource Binder**
 - *Individuals can create a personalized resource binder that will include all the phone numbers and addresses that are important for them*
 - *Provide: ring binders, paper, markers, pens, pencils, phone books, tabs/dividers and folders*
 - *May hand out **Community Resource Guide** if needed*

Occupational Adaptation

- How could you change your community resource binder to meet your needs in two years?
- *Once a year read through information and make updates as needed*
- *Make updates as changes occur*

Discussion/ Application

- How would you use your community resource binder at home?
- How do you feel when you need to locate a phone number in a phone book?
- *How does it change when you are busy or have limited time to locate phone numbers?*

Community Scenarios

- I want to get my hair cut at a local hair salon. What phone number can I call to schedule an appointment?



- I need to purchase a turkey for a family celebration. Where Can I go to purchase the turkey?



- I would like to purchase flowers for my sister. What is the location or address to a place that I can purchase flowers?



Community Resource Binder

Place any phone numbers or addresses that you would like to have handy.

You may want to include the following:

- Family members
- Friends
- Emergency Numbers
- Bank
- Grocery Store
- Pharmacy
- Support/help lines
- Any other important phone number you may want



You can make tabs for these if you would like to make them easier to find.

You can leave extra space to add in more phone numbers in later.

Decorate as you would like.



Community Resource Guide

Hospital Phone Number: _____

Fire Department Phone Number: _____

Pharmacy Phone Number: _____

Bank Phone Number: _____

Grocery Store Phone Number: _____

Support/Help Lines: _____

_____ :

_____ :



Session Outline: Safety: Transportation

Occupational Goals

- Each individual will identify at least one method of transportation they currently use.
- individuals will participate in **Transportation Activity**.
- Group participants will identify how they felt using public transportation.

Warm-Up

- Use **City Map** provided to determine how to get from place to place.
 - ie. If you needed to pick up money from the bank and return a book at the library in the same day*
- Discussion: How do you get from one place to another? What types of transportation does your city provide? What are you familiar with?

Occupational Activity

- Transportation Information Sheet**
 - Collect local transportation information from the surrounding area to provide along with this informational handout(include routes, schedules and costs)*
- Transportation Activity**

Occupational Adaptation

- If there is no public bus service in the town/city, how could you still get around town?
 - Call local shuttle/ bus services*
 - Call/contact community center for vans to be transported (program coordinator would previously arrange this with community center)*

Discussion/ Application

- How comfortable did you feel while using public transportation?
- What would make you feel more comfortable?

Transportation Information

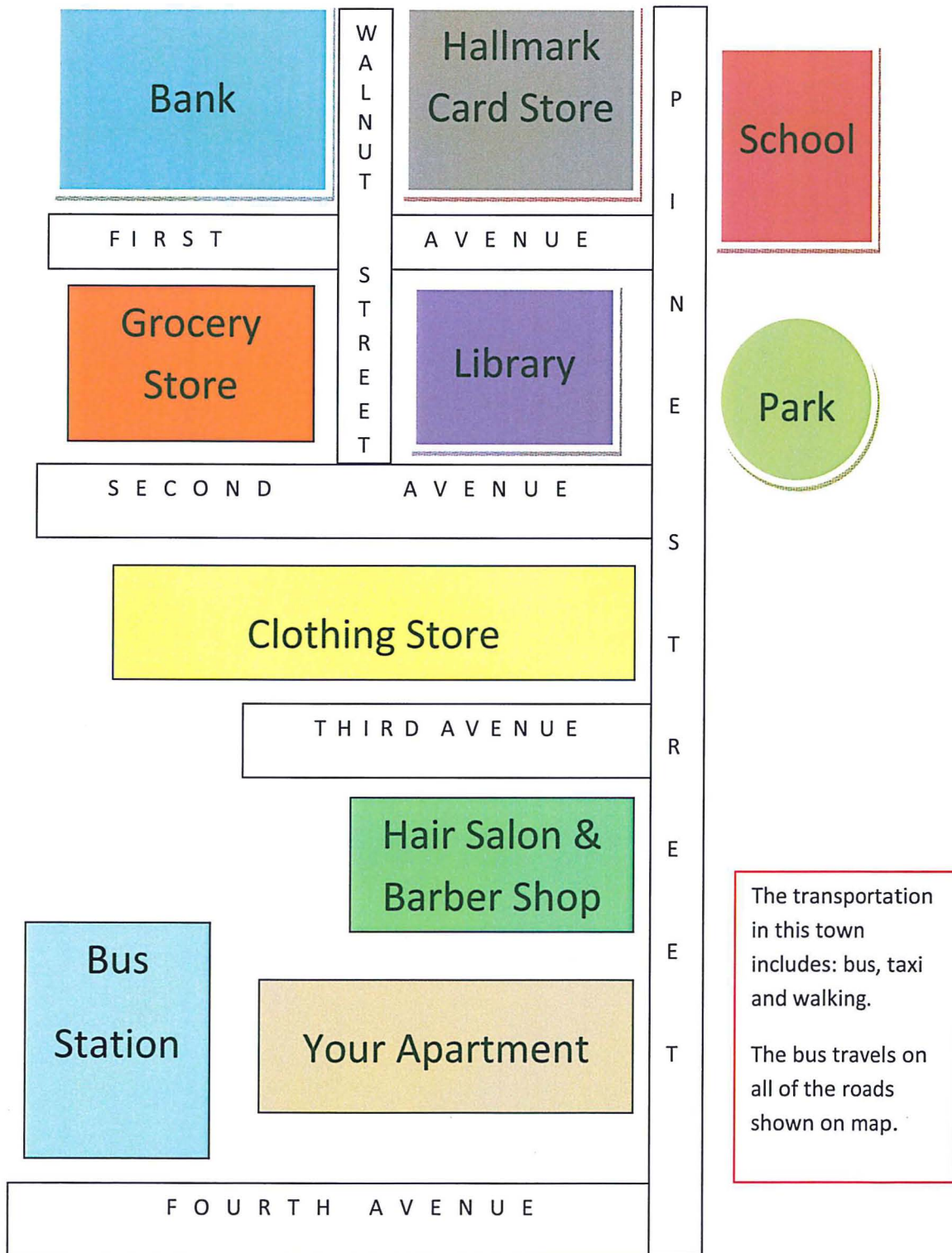
Transportation allows people to interact with friends, family and the community. Some individuals may isolate themselves due to lack of transportation. Knowing how to get from one place to another allows you to be more independent.

Methods of Transportation

- Walking
- Biking
- Driving
- Riding with family or friends
- Taxi/cab
- Public bus



City Map



Transportation Activity

Individuals will be divided into small groups (4-5 community dwelling elderly) with a healthcare professional in each group. Each group will be given a simple map with written directions in which they will navigate to the bus station and end at a predetermined local destination (ie. coffee shop). All individuals will get onto the same city bus; the healthcare professionals will be there to assist anyone as needed. This will provide individuals experience with public transportation while completing this in a supportive environment with other group members.

Example:

- All group members will walk to bus stop in front of community center.
- Check bus schedule to see arrival time
- Get on bus #3
- Give bus driver enclosed money or bus pass (provided by *Aging in Place* program)
- Get off at 3rd street
- Walk half a block to the coffee shop

Session Outline: Memory

Occupational Goals

- Group participants will identify at least one thing that is difficult for them to remember.
- Group participants will identify two ways to improve their memory.

Warm-Up

- Each individual brings in a meaningful photo and share one memory from it.
- What things are difficult for you to remember?
- What do you do to remember important things (ie. Doctors appointments)
 - Provide **Memory** handout
 - Announce three words that participants will be asked to repeat at end of session. (ie. Paper, shoe, milk)

Occupational Activity

- Memory Tray** activity
- What strategies did you use to help you remember the items on the tray?
- What three words did I ask you to remember earlier in our session?

Occupational Adaptation

- If you were having difficulty remembering one object on the memory tray, what could you do to remember it?
- If you knew that you were having difficulty remembering appointments and upcoming events, what could you do to make sure you don't miss those important events?

Discussion/ Application

- How would you use the memory strategies discussed in this session?
- How did you feel completing the Memory Tray activity?

Memory



- The ability to store, retain, and recall information
- There are many things that can affect your memory
 - medications, nutrition, amount of sleep

Ways to Improve your Memory

- Use pocket or wall calendars: write down any important events, such as birthdays, doctors appointments, social events with friends.
- Set alarms: on your watch, stove to remind you when you need to take medications or need to get ready for an event.
- Make lists: keep a notepad or dry erase board in areas such as the kitchen to make a list of groceries needed.
- Write notes: place post it notes on the counter or on the door to yourself. Example: Doctor appointment at 9:00am, or remember to bring purse.
- Answering machine: Leave a message for yourself so that you can listen to it as a reminder later.
- Talk to your doctor about any changes in memory and side effects of the medication you are taking.



Memory Tray

Place 15-20 items on food tray and cover with blanket. Provide 3-4 minutes to allow individuals to look at and memorize what objects that are placed in front of them. After the 3-4 minutes, cover tray of objects back up.

Community dwelling elders will write down as many items as they can remember that were placed on the tray.

Uncover tray to show individuals all objects again. Individuals may count up the number of items that they correctly remembered.

Session Outline: Managing Medication

Occupational Goals

- Group participants will identify a current difficulty with managing their medications.
- Participants will each identify one way they could improve their current medication routine.
- Individuals will participate in **Filling Pillbox Activity**

Warm-Up

- Using the **Medication Fact Sheet**, discuss the importance of managing medications and ways to assist seniors with managing their medications.

Occupational Activity

- Filling Pillbox Activity**
 - Seniors will break into groups of 2-3 and receive needed materials i.e. large pill box, filled bottles, medication list
 - Seniors will receive an explanation of the activity then practice filling pill box

Occupational Adaptation

- If you are having difficulties with your vision or strength while preparing medications, what could you do?
 - Use "jumbo" sized pill boxes, Using bottles with easily readable letters, use easy open bottles
- Show additional devices to assist with medication management and discuss benefits and costs of each
 - ie. automatic pill dispensers, using timers (beepers, watches, phone calls), etc.

Discussion/ Application

- How do you feel that this session will benefit your medication management at home?

Medication Fact Sheet

Importance:

- 35% of elderly admitted to the hospital is related to either over or under medication
- Two-thirds of elders ages 65 and older have two or more chronic conditions and require medication
- Taking medications improperly may lead to a increased risk for: falls, confusion, urinary incontinence, and hospitalization
- Discuss with your doctor all your medications along with your use of over the counter medications, as potential drug interactions may have significant side effects

Ways to Assist with Medication Management:

- Buy bottles that are user friendly
- Label own bottle with easily readable letters
- Buy different colored bottles
- If available, ask family members to assist
- Utilize timers
- Consult with your doctor on a regular basis



Filling Pillbox Activity

Materials needed:

- 1 large pill box per senior (with seven removable pill bars that are divided into morning, noon, evening and night)
- Various small beads of different color and size
- Pill bottles filled with beads and sorted by type/color/size (5 bottles/set) 2-3 seniors can use 1 set)
- Labels for each bottle with medication name and dosing schedule
- Large zip-lock bags (1 per each set of 5 bottles)
- Seniors medication list

Description:

- Divide seniors into groups of 2-3
- Hand out empty pillbox to each senior
- Hand out zip-lock bags containing labeled pill bottles and the medication list
- Explain activity to seniors: instruct each senior to fill their box according to their provided list of medications, instruct seniors to fill the pill box for one entire week
 - Remind seniors that this is only practice, their medications have not been changed

Discussion:

- Review with seniors how the medications are correctly divided. Discuss why the medications prescribed “as needed” are not placed into the pill box.
- Answer any further questions that individuals may have regarding medication management
- Determine if there is a need for a physician or pharmacist to discuss medication related topic with seniors for a future session.

Filling the Pill Box



Please follow the directions on this sheet as best as you can. These are not your real medications but ones made up for this activity.

1. Rosperdil: (Red beads) Take one pill each night for two weeks.
2. Tetropin: (Blue beads) Take two pills each morning for one week.
3. Celestrone: (Green beads) For five days, take one pill each morning and one each night.
4. Selenodone: (Purple beads) Take this medication as needed.
5. Oliferan: (Yellow beads) Take two pills each day for three days start on Monday.

Nutrition



Session Outline: Healthy Cooking

Occupational Goals

- Group participants will identify two benefits to healthy eating
- Participants will contribute at least one healthy recipe to the groups' cookbook

Warm-Up

- Pass out strawberries to all community dwelling elderly
- Ask what nutritional value they get from eating strawberries*
- May use other healthy snack as well*
- Discuss benefits of healthy eating

Occupational Activity

- Creating and making recipes for the groups' cookbook
- Ask individuals to bring in a recipe to share with the group*
- Provide magazines/cookbooks for individuals to use if they desire*
- Each participant will contribute one or more recipes on **Sharing Recipes** worksheet*
- After completion of this session: compile recipes and make cookbook to give to participants.

Occupational Adaptation

- If you were unable to locate your recipes how could you still contribute to this group activity?
- May look through recipe magazines/books to write down for cookbook*
- How could you still contribute if you have difficulty reading or writing?
- May work in small groups/pairs to create and write down recipe*

Discussion/ Application

- How did you determine if your recipe was healthy?
- What did you consider while choosing recipes?
- When would these recipes be helpful to you?

Sharing Recipes

Name of Contributor(s): _____

Circle One: Appetizer Main Side Dish Dessert
 Dish

Recipe

Name

Ingredients

Directions

Additional
Information

Session Outline: Food Pyramid

Occupational Goals

- Individuals will participate in Food Pyramid Bingo
- Group participants will identify at least one thing they learned from this session.

Warm-Up

- Draw food pyramid on white board (if available) or draw on white roll paper
- *Have community dwelling seniors discuss as a group what food group goes where on pyramid (Filling in correct answers)*
- *Then identify recommended serving sizes*

Occupational Activity

- Playing Food Pyramid Bingo (see instructions included in game)

Occupational Adaptation

- How could you gain knowledge about nutrition in a group without the food pyramid bingo game?
- *Discussion of nutrition*
- *Asking a dietician/nutritionist to speak to the group*
- *Look at nutrition labels*

Discussion/ Application

- How did you benefit from today's nutrition session?
- What areas do you need to improve your nutritional intake from the food pyramid?

Session Outline: Picnic

Occupational Goals

- Individuals will participate in picnic activity
- Each participant will identify at least one healthy food they enjoy

Warm-Up

- Carrots and Celery with ranch vegetable dip
 - *What nutritional value are these*
- **A to Z Healthy Foods** worksheet

Occupational Activity

- Identify foods that could be prepared for the picnic
 - *May use A to Z Healthy Foods worksheet as a guide*
 - *In small groups/pairs prepare food and place them into containers or baggies*

Occupational Adaptation

- If you were on a budget and needed to go grocery shopping what are some healthy foods that you would purchase?
 - *ie. frozen fruits and vegetables*

Discussion/ Application

- What did you enjoy about today's nutrition session?
- What did you find difficult?

A to Z Healthy Foods

A	N
B	O
C	P
D	Q
E	R
F	S
G	T
H	U
I	V
J	W
K	X
L	Y
M	Z

Session Outline: Healthy Snacking

Occupational Goals

- Individuals will participate in **Making Fruit Smoothies**.
- Each individual will identify their favorite fruit.

Warm-Up

- What is your favorite fruit?
- Have a variety of fruit available for individuals to snack on.
- ie. strawberries, apples, bananas, pineapple, ect.

Occupational Activity

- **Making Fruit Smoothies**
- In groups of 3 or 4, have individuals complete measurements of ingredients and follow recipe to make the healthy snack..

Occupational Adaptation

- What are some other ways you could prepare a smoothie?
- Use fresh fruit, add ice cubes, more or less milk to change consistency.

Discussion/ Application

- What are some other healthy snacks that you could prepare at home?
- What benefits does your body get from eating this nutritious snack?

Making Fruit Smoothies

In a blender combine the following:

- 3 cups of frozen fruit
 - May combine fruits (strawberries, blueberries, ect.)
- 2 cup of flavored yogurt
- 1 ½ cup of skim milk
- Add sweetener to your liking
- Blend until smooth in appearance.



Session Outline: Hydration

Occupational Goals

- Individuals will participate in discussion to identify the benefits of water intake
- As a group, participants will identify consequences of dehydration
- Group participants will participate in hydration activities

Warm-Up

- Provide kool-aid popsicles to all group participants
- What are some benefits of consuming water?
- About how much water do you drink in a typical day?
- What can occur from dehydration?

Occupational Activity

- How many ways can you think of to consume water?
 - *ie. Kool-aid, crystal light, tea, popsicles, jello*
- Have Kool-aid, crystal light, tea, coffee, and jello, ect. available for group participants to make and share with the group.

Occupational Adaptation

- What are other ways that you can hydrate your body?
- *Provide non-scented individual sized lotion for individuals*
- It is important to hydrate your whole body, be sure not to forget your body's largest organ: your skin.

Discussion/ Application

- How will you make sure that you are staying hydrated?

Kool-aid Popsicle recipe

Kool- Aid Popsicles

Need:

- 1 small package of Jello (any flavor)
- 1 packet of kool-aid (the same flavor)
 - May choose to use unsweetened kool-aid as well
- 1 cup sugar
- 2 cups boiling water
- 2 cups cold water

Directions:

- Dissolve Jello, Kool-aid and sugar into the boiling water
- Add the cold water
- Pour into mixture into ice cube trays
- Place saran wrap over the ice cube trays
- Push tooth picks through the saran wrap and into the center of each of the ice cube spots.
- Freeze over night

*You may also substitute juices or crystal light instead of kool-aid

Session Outline: Comparing Labels

Occupational Goals

- Group participants will identify at least two healthy foods
- Individuals will participate in **Comparing Labels** activity

Warm-Up

- Provide **Healthy vs. Unhealthy** worksheet
- *Ask individuals to determine if the foods listed are healthy or unhealthy, as a group discuss reasons why they fit under the categories of healthy or unhealthy or both.*

Occupational Activity

- **Comparing Labels**
- *Provide a variety of cereal boxes and canned goods*
- *In small groups of 3-5 participants, they will compare and discuss which are healthier options.*
- *Beneficial session to have nutritionist/dietician attend to assist in comparing nutritional facts.*

Occupational Adaptation

- How could you make foods listed as unhealthy on the **Healthy vs. Unhealthy** worksheet more nutritious?
- *ie. pizza- vegetable or fruit pizza.*

Discussion/ Application

- What were you surprised by during this session?
- What changes could you make to your meals at home so that they are healthier?

Healthy vs. Unhealthy

Food	Healthy	Unhealthy
Apples	X	
Pizza		
Jello with Cool-whip		
Turkey Sandwich		
Celery with Peanut Butter		
Chips and Salsa		
Cheeseburger with lettuce		
Chocolate Chip Ice cream		
Crackers with cheese whiz		
Toast with butter		
Oatmeal		
Lasagna		
Salad with Ranch Dressing		
Peaches with cottage cheese		
Hamburger Hot dish		
Tomato Soup		
Angel food cake		
Bacon and Eggs		
Chicken and Rice		
Mashed potatoes and Gravy		
Strawberry Yogurt		
Movie Theatre Popcorn		
Taco Salad		
Hot Dog with Ketchup		
Apple Pie		

Physical Occupation-based Activities



Session Outline: Adaptive Equipment

Occupational Goals

- Individuals will participate in discussion regarding the use of adaptive equipment for daily activities.
- Individuals will participate in dressing activity.

Warm-Up

- Pass out available adaptive equipment (ie. long handled shoe horn, reacher, sock-aid, dressing stick, leg lifter, elastic shoelaces, button hook)
- Ask individuals what each are used for
- Describe the AE and their uses

Occupational Activity

- Dressing activity
 - *Bring in clothing that is large so individuals can try on clothes over the clothing they are wearing.*
- Show additional adaptive equipment and discuss benefits
 - *ie. shower chair/stool/bench, raised toilet seat, grab bars, long handled sponge, dycem, ect.*

Occupational Adaptation

- If you were unable to reach into the bottom drawer of your dresser how could you still get your pants?
 - *Use of reacher, dressing stick, sturdy object to lean on*
- If you had difficulty getting in and out of the bathroom, how could you make the environment safer?
 - *ie. bathroom mat, shower chair, grab bars*

Discussion/ Application

- Why do you feel that the use of adaptive equipment would be helpful?
- *Adaptive equipment may help to reduce the amount of energy needed to complete tasks*

Session Outline: Energy Conservation: Grocery Shopping

Occupational Goals

- Individuals will participate in group grocery shopping activity.
- Individuals will participate in discussion of energy conservation techniques.

Warm-Up

- Have community dwelling elder's stand as able for the following two questions and their response. Make sure chairs are located behind each individual.
- *What types of activities are difficult because you don't have enough energy to compete? How have you modified activities to make them easier for you to complete?*
- *Allow individuals to be seated.*

Occupational Activity

- Grocery shopping in small groups (4-5 individuals)
- *May provide them with grocery list to prepare for snacks/small meals in upcoming sessions*

Occupational Adaptation

- Use energy conservation techniques during grocery shopping activity
- *Making list prior to shopping*
- Planning according to store layout
- Using cart

Discussion/ Application

- How did you feel while standing at the beginning of this session?
- Were these techniques helpful to conserve your energy?
- How did you feel during and after grocery shopping?

Energy Conservation

It may be difficult to get everything done that you would like, especially if you are lacking the energy to get it all done. There are many techniques that can be used to conserve your energy. Keep in mind these tips:

1. Doing what you most want to do
2. Planning activities for when you have the most energy
3. Learning what your maximum work is and respecting the signs of fatigue
4. Stopping before you become exhausted

Here are some common activities and energy conservation techniques to help you complete them with greater ease:



Bathing and Grooming Activities

- Use lukewarm water instead of hot water
- Sit down to bathe and dry off
- Use extension handles on sponges and brushes
- Install grab bars
- Use elevated toilet seat
- Use electric toothbrush
- Place towel on back of chair and rub your back against it to dry off

Dressing

- Wear clothes that are loose
- Use adaptive equipment
- Wear slip on shoes or use elastic shoe laces

- Lay out clothes before dressing

Shopping

- Jot down items as you need them
- Plan your shopping list in order of the store
- Ask someone to assist you to reach for high or low items
- Use a shopping cart
- Make several trips with rest periods to bring bags into home



Laundry

- Schedule laundry days to avoid build up
- Sort and fold clothes on a table
- Raise up washers and dryers to avoid bending over

Scrubbing the floor

- Use long handled mop- inhale as you push the mop away from you, exhale as you pull it toward you

Kitchen Tasks

- Slide heavy items on counters
- Make 'one pot' meals
- Make larger batches of meals, portion and freeze them
- Wash fewer dishes
 - Line pans with aluminum foil
 - Store leftovers in zip-lock bags
 - Eat on paper plates
 - Soak dishes instead of scrubbing
 - Let dishes air dry

Session Outline: Energy Conservation: Laundry

Occupational Goals

- Individuals will participate in this energy conservation session.
- Group will work together to identify ways they may conserve energy during household activities.

Warm-Up

- **Rate Your Energy Level** worksheet
 - *What activities make your energy level decrease?*
 - *How can you increase your energy level?*

Occupational Activity

- Laundry
 - *Provide laundry basket containing a variety of linens to small group (3 individuals).*
 - *Instruct individuals to fold laundry as they do at home.*
 - *If able, may provide clothes line and ask individuals to hang clothing.*

Occupational Adaptation

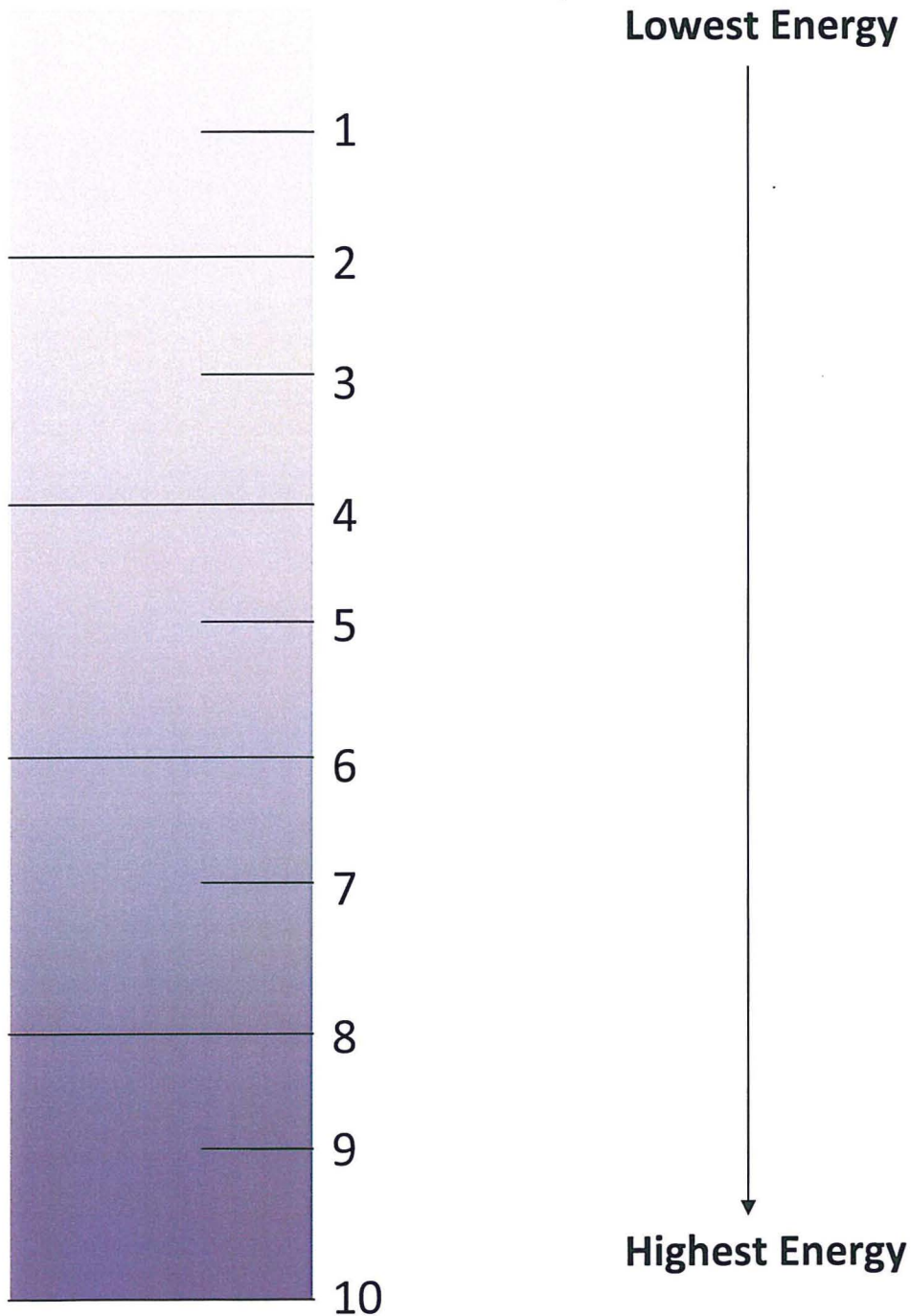
- How could you still complete this activity if you had a low energy level?
 - *Take a break, fold a couple items and come back later, remain seated while folding.*
- How are you able to fold the larger items, for example the bed sheets?

Discussion/ Application

- How will you do laundry differently than you previously had?
- What are other household activities you complete in which you would use energy conservation techniques?

Rate Your Energy

Circle the number that represents your current energy level. 1 is the lowest energy level and 10 is the highest energy level.



Session Outline: Dancing

Occupational Goals

- Individuals will participate in physical activity discussion.
- Individuals will participate in dancing activity
- Group participants will try adaptations as needed

Warm-Up

- Provide water for participants to hydrate themselves
 - Ask *"when is it important to drink water"*
- What are benefits of being physically active?
- What physical activities do you participate in?

Occupational Activity

- Dancing
 - *Play a variety of music and allow individuals to dance and have fun while being physically active*

Occupational Adaptation

- How could you participate in physical activity on a day you had decreased endurance?
 - *Sitting down and moving to the music*
 - *Take breaks while participating in physical activities*

Discussion/ Application

- How do you feel after participating in this dancing activity?
- How would you participate in physical activities at home?

Session Outline: Wii

Occupational Goals

- Individuals will participate in physical activity discussion
- Individuals will participate in Nintendo Wii activity
- Group participants will identify adaptive suggestions to activity

Warm-Up

- Lead group in **Lower Extremity Stretches** and **Upper Extremity Stretches** to prepare for Wii activity (located at end of *physical occupation-based activity* section)
- What motivates you to stay healthy and physically active?
- What leisure activities that you participate in require physical activity?

Occupational Activity

- Using Nintendo Wii Bowling
- *May use other Wii games (ie. golf, tennis)*

Occupational Adaptation

- How could you complete this activity if you did not have access to a Nintendo Wii?
 - *Set up plastic bowling pins and use a soft ball*
- How could you play if you had decreased balance?
 - *Play while sitting*
 - *Play while standing using proper hand placement on walker*

Discussion/ Application

- How do you feel after participating in this physical activity?
- How could you engage in this activity outside of this group session?

Session Outline: Walking

Occupational Goals

- Individuals will participate in this physical activity session.
- Group participants will identify at least one way they currently engage in physical activity?

Warm-Up

- Lead group in **Lower Extremity Stretches** to prepare for walk (stretches located at end of *physical occupation-based activity* section)

Occupational Activity

- Group walking outdoors/around the block (depending on weather)
- *Have water available for group participants*

Occupational Adaptation

- How would you get physical exercise indoors?
 - *Walking in hallways, completing sitting exercises, using exercise video*
- How else could you participate in physical activity outdoors besides walking?
 - *Golf, Frisbee*

Discussion/ Application

- How do you feel after participating in this activity?
- This is a free way to get exercise.
- You can walk in groups while socializing to help pass time.

Session Outline: Mini-Golf

Occupational Goals

- Individuals will participate in this physical activity session.
- Group will identify ways to adapt the so that they can still participate.

Warm-Up

- Lead group in **Upper Extremity Stretches**
- What are some other stretches you could do?

Occupational Activity

- Mini-Golf
- *Set up a mini golf course which allows individuals to sit while they are waiting for their turn.*
- *May divide into smaller groups to decrease the wait time.*

Occupational Adaptation

- How could you participate in this activity if you feel uneasy or are having difficulty balancing?
- *Remain seated while playing, use proper hand placement while using a walker.*
- How could you participate in this activity if you were having difficulty grasping the handle of the golf club?
- *Use built up handles, lighter golf clubs.*

Discussion/ Application

- How do you feel after participating in this activity?
- What is an indoor physical activity that you would participate in at home or in the community?

Upper Extremity Stretches

Make sure that you feel safe you may complete these activities while seated on a chair.

*You should not feel uncomfortable during any of these stretches. If you do, please discontinue the stretch.



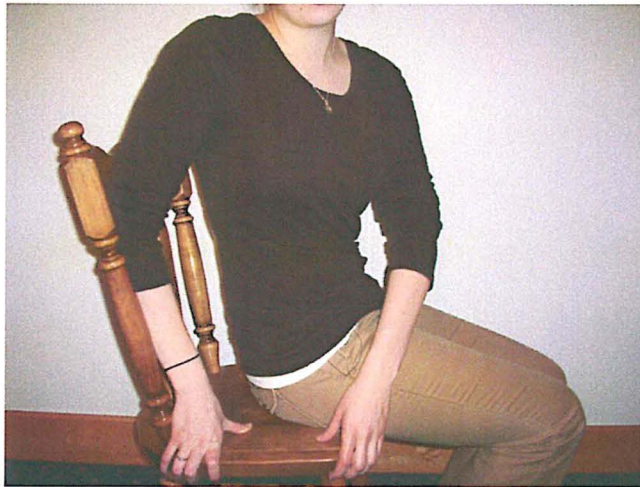
Relax Shoulders



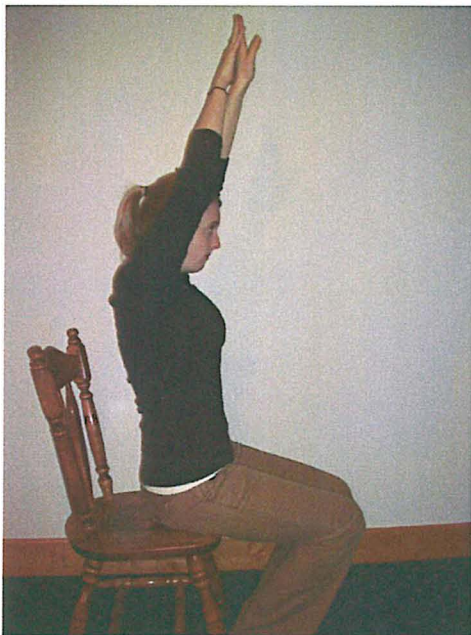
Shrug Shoulders



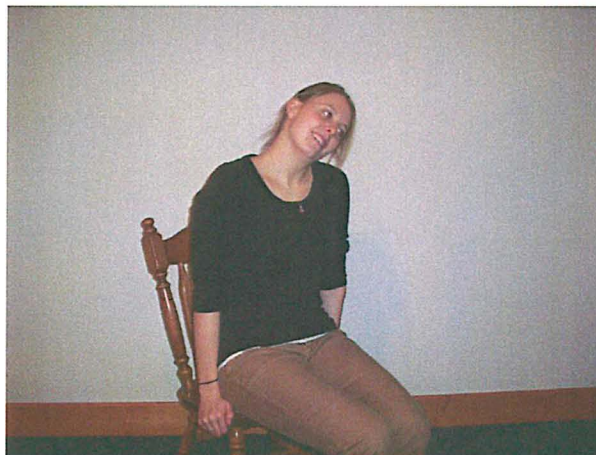
Stretch your upper back by reaching forward



Hold on to your chair and twist to feel a SLIGHT stretch in your lower back or sides.



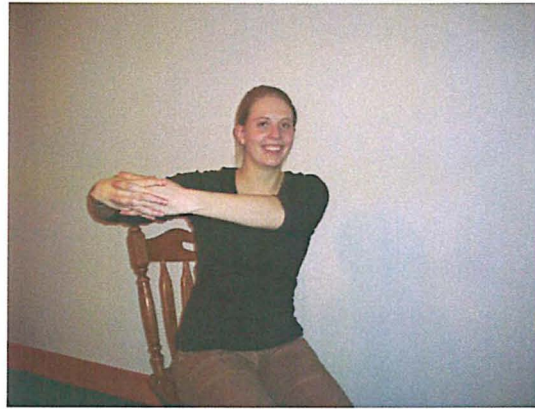
Extend arms up over head



Tilt head to the right and left



Extend arms out in front of you



Then extend to each side



Place arms on armrests



Extend your arms, you may use
your legs to assist

You are often participating in stretches and exercises as part of your daily routines

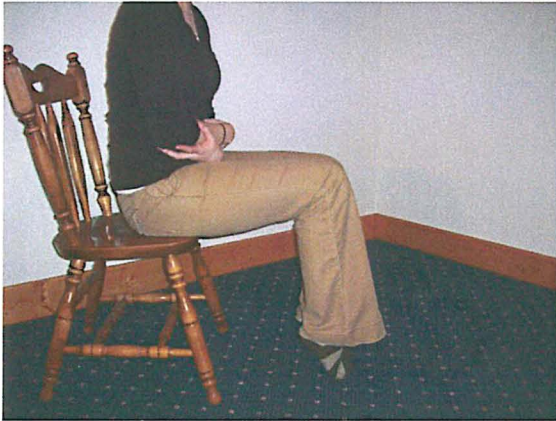


While bring groceries into your house and placing them into cupboards. Think about how often you reach for a food item to cook.

Lower Extremity Stretches

Make sure that you feel safe you may complete these activities while seated on a chair.

*You should not feel uncomfortable during any of these stretches. If you do, please discontinue the stretch.



Place feet flat on floor



Lift heels while keeping toes on the floor



Place feet flat on floor



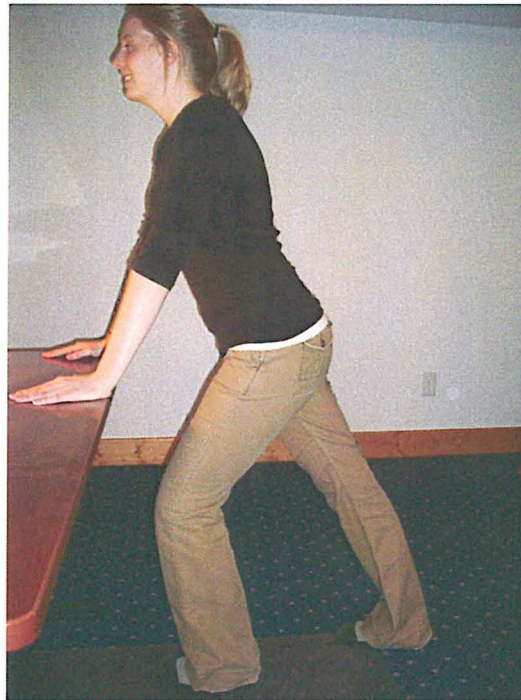
Lift one leg at a time as if you were marching in place



Place feet flat on floor



Extend one leg at a time
out in front of you



Use sturdy surface to place one leg in front of the other leaning
into the surface

Evaluating Program Effectiveness



Attendance Record

[illegible]

*G represents for Group Sessions

*I represents Individual Consultations

If **I** or **G** is highlighted/circled that identifies that the named individual was in attendance

Individual Consultation

Name: _____

Date: _____

D: Description

```
graph TD; D[D: Description] --> A[A: Assessment]; A --> P[P: Plan];
```

A: Assessment

P: Plan

Wellness Fair Screening Form

Name: _____

**Initial Wellness Fair
Date:**

**Final Wellness Fair
Date:**

Screenings

Results

Results

**Height/
Weight**

Heart Rate

Blood Pressure

Glucose

Vision

**Tinetti Balance
Score**

**Nutritional
Recommendation:**

Carbon-copy form: Original is for the program coordinator (to evaluate program), the carbon sheets are to be given to the participant after the initial and final wellness fairs.

Wellness Fair Booth Visitation Form

If you want to make sure that you visit each booth, use this form. Place an 'X' once you have visited the booth and talked with the healthcare professional listed in the chart below.

Booth	Initial Wellness Fair Date:	Final Wellness Fair Date:
-------	--------------------------------	------------------------------

Occupational
Therapist

Physical Therapist/
Exercise
Physiologist
Speech Therapist

Nutritionist/
Dietician

Physician

Nurse

Pharmacist

Additional
Comments:

Wellness Survey

Approximately how many times in the last 6-months have you fallen? _____

How many times each week do you participate in physical activity? _____

Name three leisure activities that you have completed in the last month. _____

What is one way that you have coped with stress in the last month? _____

Approximately how many hours of sleep do you get each night? _____



Session Satisfaction Survey

This session was: (circle one)

Helpful

Somewhat Helpful

Not Helpful

What I liked about this session: _____

How could we improve this session?: _____

Session Satisfaction Survey

This session was: (circle one)

Helpful

Somewhat Helpful

Not Helpful

What I liked about this session: _____

How could we improve this session?: _____

Program Satisfaction Survey

This *aging in place* program was: (circle one)

Helpful

Somewhat Helpful

Not Helpful

The topic that I enjoyed most was: _____

One thing I would change about this program is: _____

The healthcare professionals leading this program were: (circle one)

Very Helpful

Helpful at times

Not helpful at all

I would be interested in being in this program again: Yes No

Would you recommend this program to others? Yes No

REFERENCES

- Jackson, J., Carlson, M., Mandel, D., Zemke, R., & Clark, F. (1998). Occupation in lifestyle redesign: The well elderly study occupational therapy program. *American Journal of Occupational Therapy* 52(5), 327-336.
- Schkade, J.K., & Schultz, S. (1992). Occupational Adaptation: Toward a holistic approach for contemporary practice, part 1. *American Journal of Occupational Therapy*, 46(10), 829-837.

CHAPTER V

SUMMARY

The purpose of this scholarly project is to provide a multidisciplinary *aging in place* program for community dwelling elderly. An occupational therapist (OT) will be the program coordinator. Other disciplines involved in this program will include: physician, nursing, pharmacist, speech therapist, physical therapist (PT), exercise physiologist, nutritionist and/or dietician. This product is intended to promote healthy *aging in place* among community dwelling elderly through engagement in occupation-based activities.

This program is intended to provide two hour sessions that are offered two times per week. These sessions will occur over a six month period of time and the entire program will be completed twice per year. The three main topic areas addressed through this program include: *Health & Wellness*, *Physical Occupation-based Activity*, and *Nutrition*. The first and last day of the program will include a *wellness fair* in which healthcare professionals will be available to provide educational information along with screenings to the community dwelling elderly (Jackson, Carlson, Mandel, Zemke, & Clark, 1998). These screenings will allow individuals to keep track of their own progress as well as tracking the effectiveness of the program. In addition, the skilled OT will provide screenings and refer individuals as indicated.

There are many strengths of this *aging in place* program. This product is unique in that it allows participants to choose session topics that are meaningful to them. This

product provides OT with session outlines that the OT may adapt to fit the needs of group participants. Another strength is the use of a multidisciplinary approach, which was implemented into this program. A multidisciplinary approach allows this program to address multiple issues that are experienced by the elderly during the aging process. The overall goal of this program is to provide occupation-based wellness activities that help community dwelling elderly to age safely in their own home. Another goal of this program is to provide the OT with session outlines to implement this *aging in place* program.

This *aging in place* program utilizes the occupational adaptation (OA) model (Schkade & Schultz, 1992). The students of this scholarly project incorporated this model due to the need for community dwelling elderly to frequently adapt their everyday activities as age related changes occur. OA supports individuals use adaptations to promote participation in their occupational environment. The *aging in place* program incorporates this principle by enabling individuals to choose what occupational areas and topics are meaningful to them. Overall, the use of OA will promote functional independence among community dwelling elders through personal improvement and generalization of adaptations from sessions in the program.

This *aging in place* program is grounded in evidence based practice. The students for this scholarly project conducted a literature review to determine what kinds of programming are most effective. They then included effective programming ideas in this *aging in place* program, but modified specific strategies to create a unique health promotion product.

This *aging in place* program has some limitations. There is a need for a variety of healthcare professionals in order for this program to be implemented. This may be a challenge due to contacting and scheduling all of the healthcare professionals. As the program coordinator, the OT would need to be available to carry out this *aging in place* program through its entirety. The OT would need to be available to conduct both group sessions and also individual consultations. The OT also should attend sessions that are conducted by other healthcare professionals in order to bridge for continuity and respond to individual questions participants may have later. Another limitation is the availability of monetary resources needed to implement this program. It would be beneficial if this program could be funded through grants as this program focuses on health and wellness.

With the growing aging population, there is a need to help the elderly population age in place. Community dwelling elderly may be positively impacted by an *aging in place* program. This program was also designed to be implemented by a skilled OT who contacts other healthcare professionals in order to contribute in providing a holistic and multidisciplinary approach.

In order to successfully implement this program there are some recommendations to consider. To access adequate funding, the program coordinator will need to apply for and receive approval for a grant. This process should be done well in advance of implementation of this program to allow adequate time to receive funding. All healthcare professionals' time and the supplies to carry out this program would need to be considered when applying for a grant. Adaptations to the sessions along with more occupation-based activities should be applied as the roles and occupations of individuals change over time to effectively meet the needs of the *aging in place* program participants.

The effectiveness of this program can be determined by utilizing evaluation tools. These tools include: *Attendance Record*, *Individual Consultation* forms, *Wellness Fair Screening* forms, *Wellness Fair Booth Visitation* forms, *Wellness Survey*, *Session Satisfaction Survey*, and *Program Satisfaction Survey*. These evaluation tools will be provided twice during the program, on the first and last day in order to assess progress through participation in this program. The *Wellness Survey* and the *Program Satisfaction Survey* will be provided to the participants at the end of the program. The program coordinator should review evaluations and feedback from participants to make necessary changes as needed in order to improve the effectiveness of this program.

This *aging in place* program allows for the involvement of OT in health promotion. Scaffa, Van Slyke, & Brownson (2008) identified that the American Occupational Therapy Association promotes OT involvement in health promotion and disease prevention. Overall, following this program will assist elderly individuals to adapt to age related changes and promote participation in the community while helping them safely *age in place*.

APPENDIX
Image Consent Form

Image Consent Form

I consent to and authorize Amy Lundberg, Kayla Novacek, and Cindy Janssen, MOT, OTR/L, and the UND Department of Occupational Therapy to take, use and disclose images of myself and my name together with the *aging in place* information, in publications, productions, and presentations in connection with occupational therapy work.

This Consent Form is retained by Amy Lundberg, Kayla Novacek, and Cindy Janssen and will be placed on file and a copy provided to the participant. The consent can be modified or withdrawn in writing at any time, however any changes will only apply from the date of receipt by Amy Lundberg, Kayla Novacek, and Cindy Janssen. Any existing material in which the image is used will not be withdrawn from use.

Signature Wanda L. Sandberg Date 5-3-10

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